

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sarah C. Bishop

CERTIFICATE OF DEATH

Died at <u>Shawells</u>		Town <u>Worcester</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>14</u>	Age <u>88</u>	Years <u>88</u>	Months <u>8</u>	Days <u>4</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Delaware</u>					
Occupation <u>House work</u>	Where Residing if not at place of death <u>Home Bishop</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Capt Francis Bishop</u>	Father's Birthplace <u>Del</u>					
Father's Name <u>Dr John Hall</u>	Mother's Birthplace <u>Del</u>						
Mother's Maiden Name <u>Sarah White</u>	How related to deceased <u>Son</u>						
Name of person giving Information <u>Dr Augustus Bishop</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Appendectomy

164

How long

two weeks

Immediate

No

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

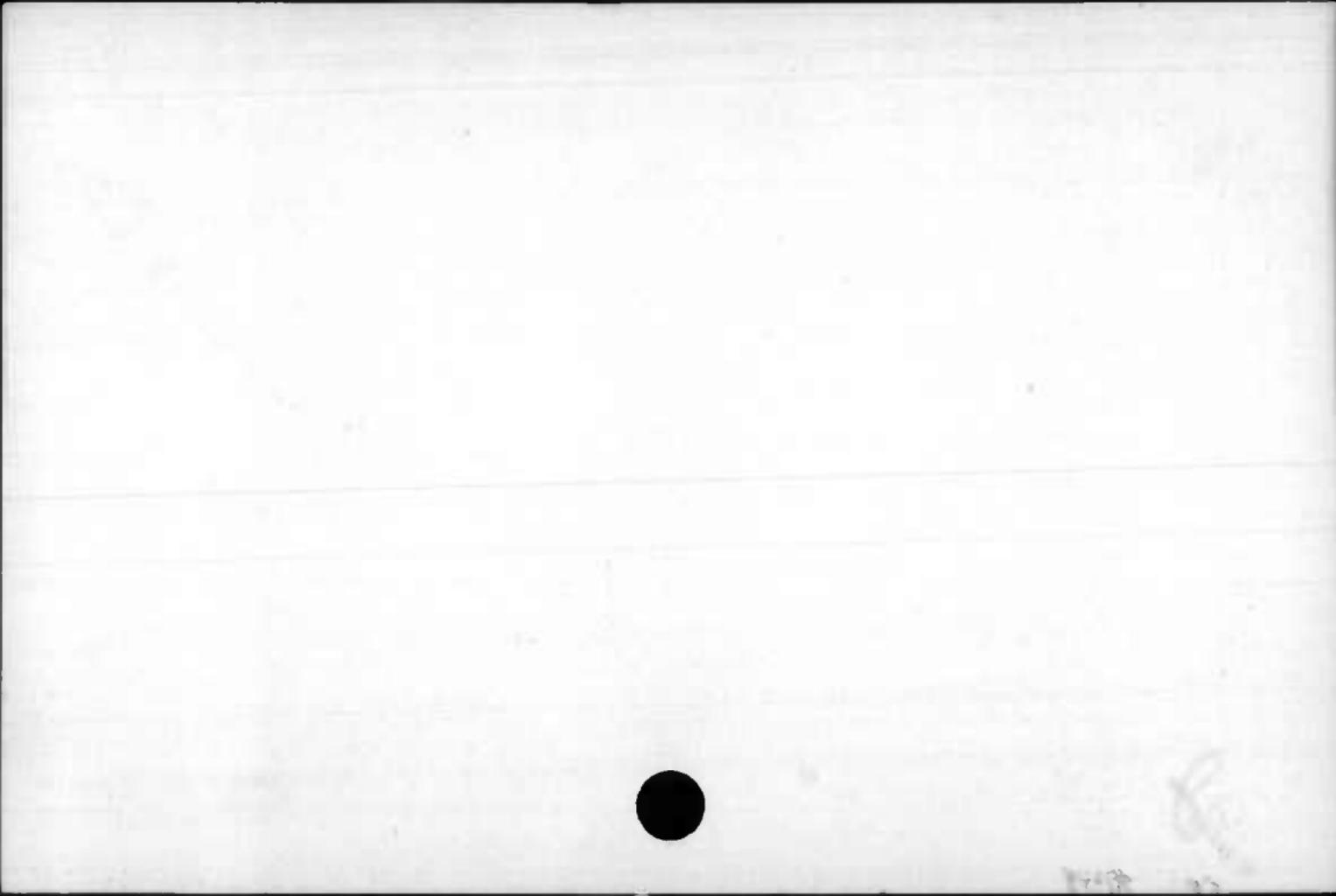
Witnessed by Dr Augustus

Address

Bishopson at Dover Del

I Raynor

Incident of Science



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Tubman Francis Bonnerille
Died at Ocean City
Date of death 1907 April
Sex Male
Occupation Justice of Peace
Married, Single or Widowed Widowed
Father's Name Unknown
Mother's Maiden Name Unknown
Name of person giving information Francis Lee Bonnerille

CERTIFICATE OF DEATH

MARYLAND

Town

County

Month

Day

Years

Months

Days

Age

80

Color or
Race

white

Birth-
place

Md.

Where Residing if not
at place of death

Elizabeth Grace Bonnerille

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Frostatitis

125

How long

11 days.

Immediate

Uraemia

How long

6 days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Wilson
Ocean City

8

Accident or Suicide?

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

<h1>Ephraim Buttingham</h1>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month Apr.	Day 28	Years 75	Months 5	Days
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	Farmer		Where Residing if not at place of death	Sallie Buttingham		
Married, Single or Widowed	Married	Name of Wife or Husband	Sallie Buttingham			
Father's Name	John Buttingham		Father's Birthplace	Md		
Mother's Maiden Name	Hester Dennis		Mother's Birthplace	Md		
Name of person giving information	Katie Buttingham		How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Lagrippe

(10)

How long

1 month

Immediate

General debility

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

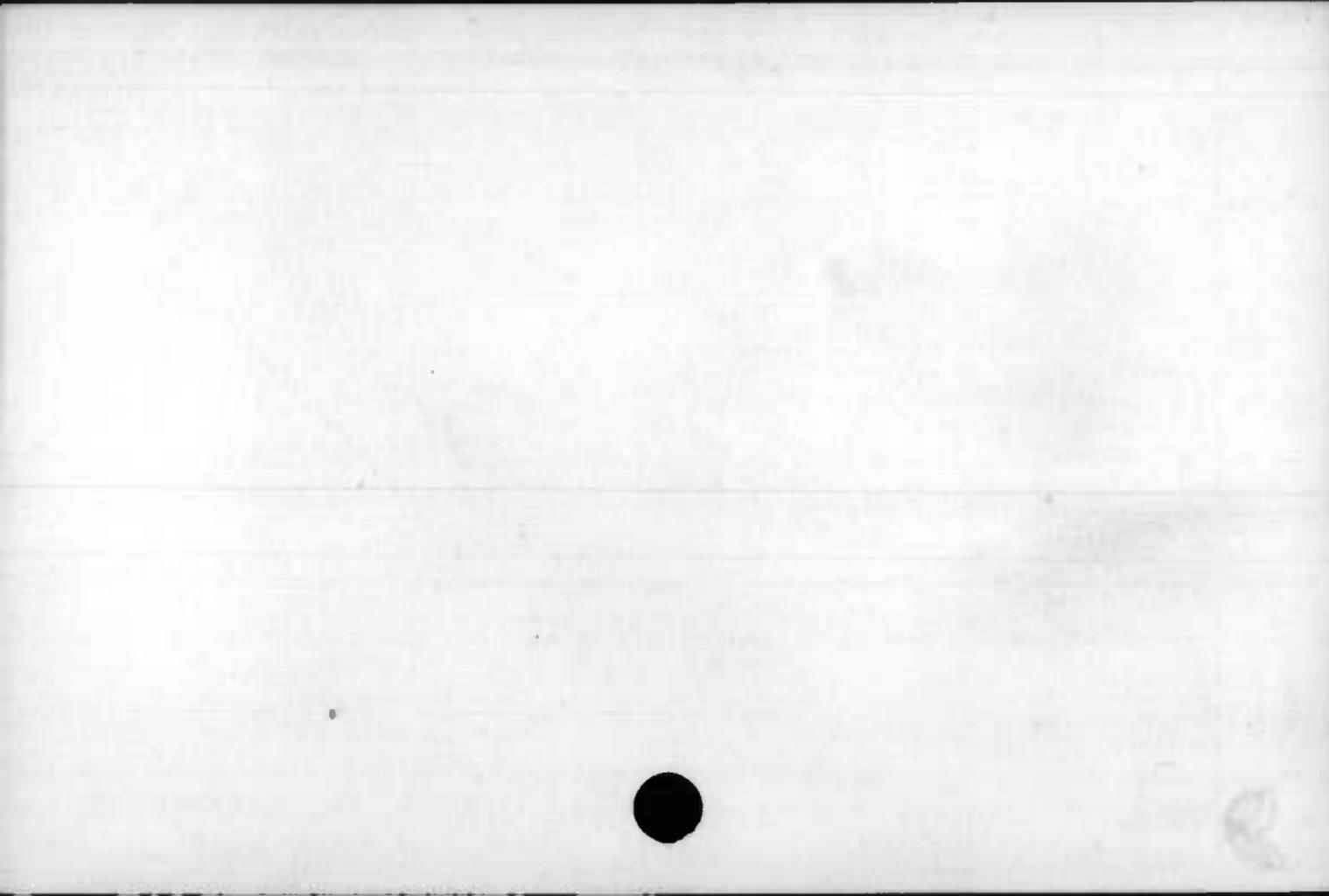
Yes

Signature of Physician

Address

John L. Riley
Snow Hill
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

<i>Catharine Brown</i>				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	4	18	7			
Sex	Female	Color or Race	White	Birth-place	<i>End</i>	
Occupation	<i>House</i>					
Married, Single or Widowed	Where Residing if not at place of death					
Single	<i>End</i>					
Father's Name	<i>Goldsborough Brown</i>					
Mother's Maiden Name	<i>Matilda Muller</i>					
Name of person giving information	<i>End Brown</i>					

CAUSES OF DEATH

Primary

Boiled (60)

How long

Immediate

Copulatory Brown (1 week)

How long

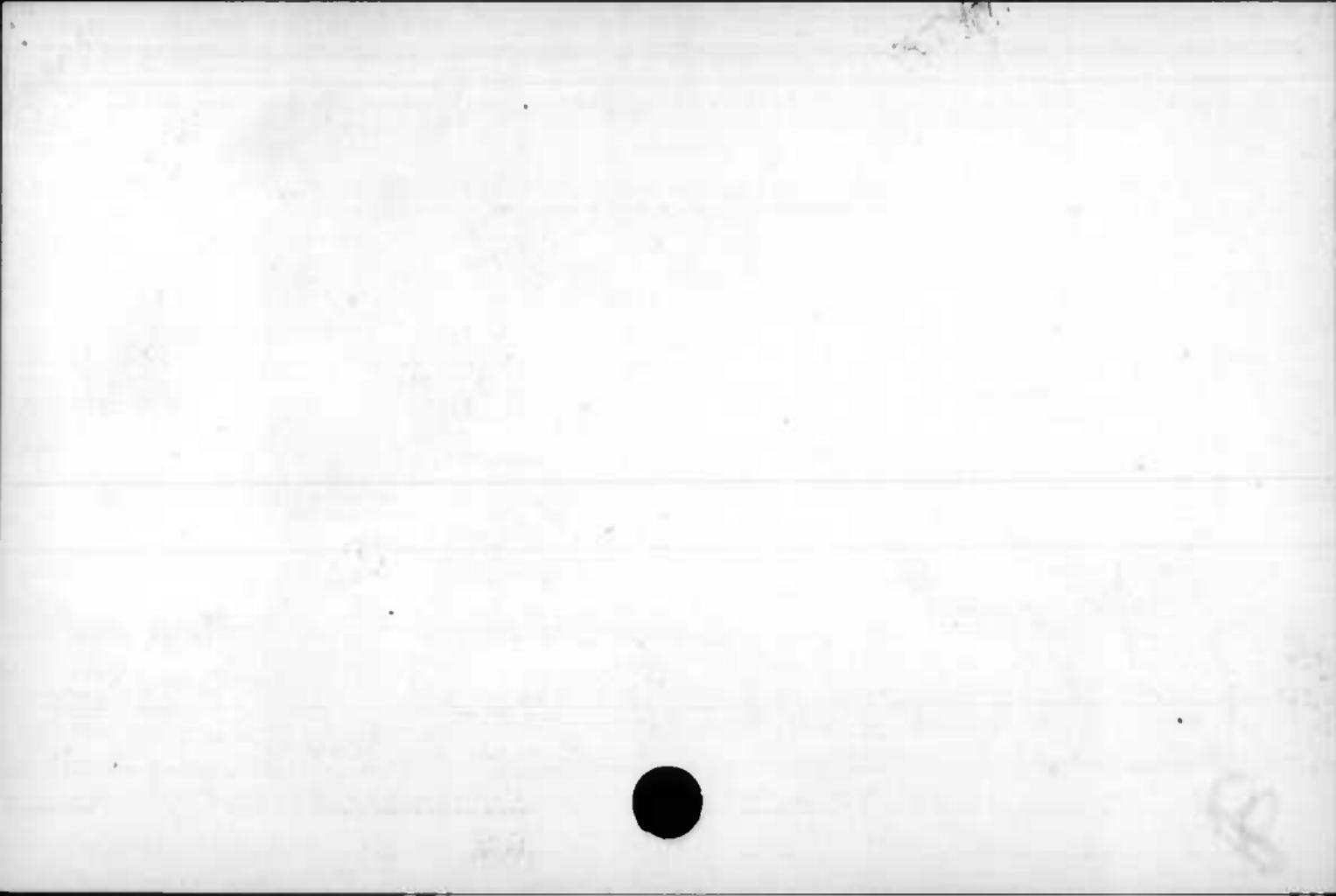
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ebe Holland
Berlins Bladellias
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Costan
near Pocomoke

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1907 Month April Day 19
Age 23 Years Months 4 Days 11

Sex Female Color or Race

coloured

Birth-
place

4 Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single,
or Widowed

Married

Name of Wife or
Husband

Charles Costan

Father's
Name

Sixie Ireland

Father's
Birthplace

Md.

Mother's
Maiden Name

Hester Grubbs

Mother's
Birthplace

Name of person giving
Information

Major Bailey

How related
to deceased

none

CAUSES OF DEATH

27

Hour

Primary

Pulmonary Tuberculosis

Unknown

Immediate

Cardiac collapse

How long

1/2 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

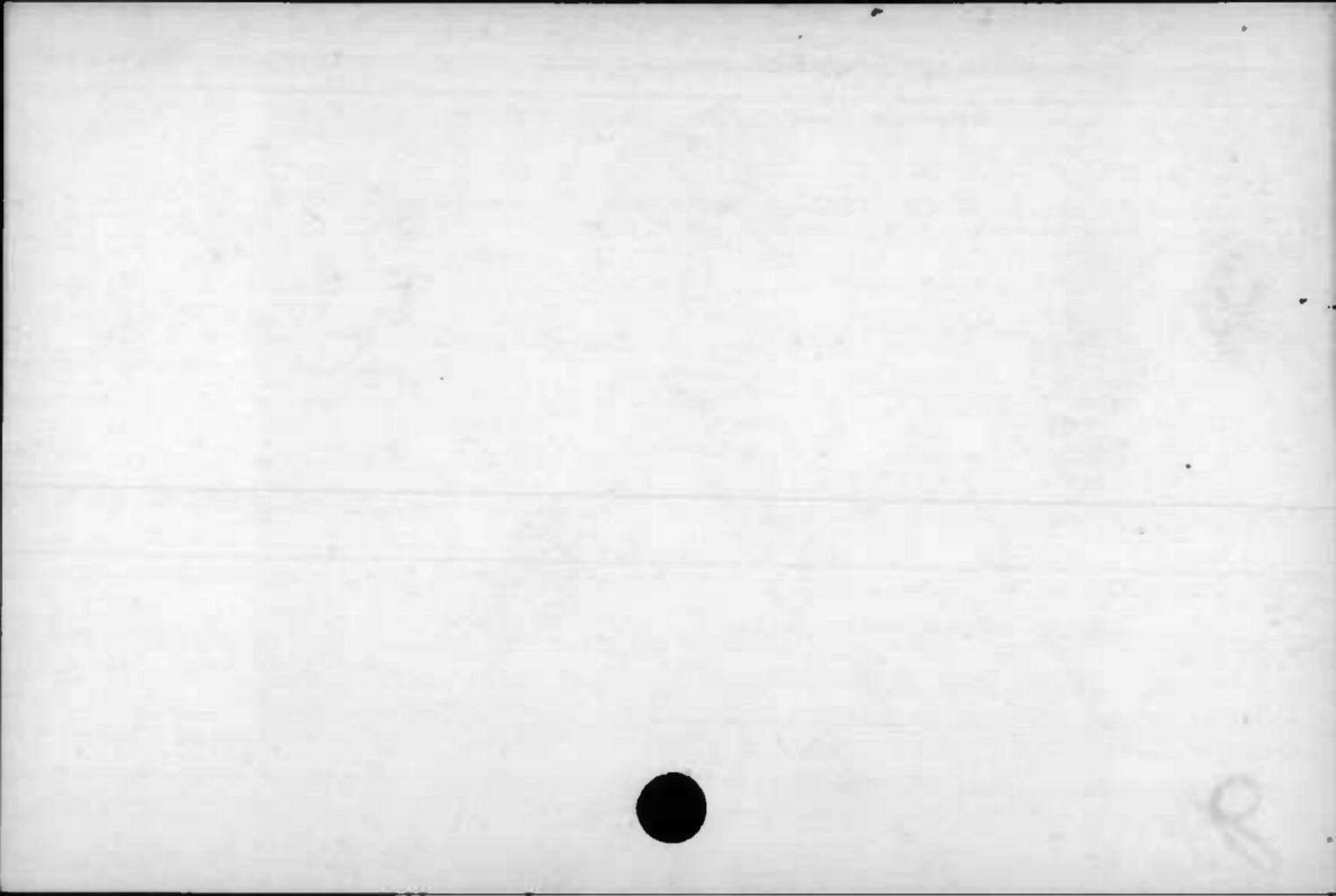
J. J. Milner

Address

Pocomoke City

Accident or Suicide?

g



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

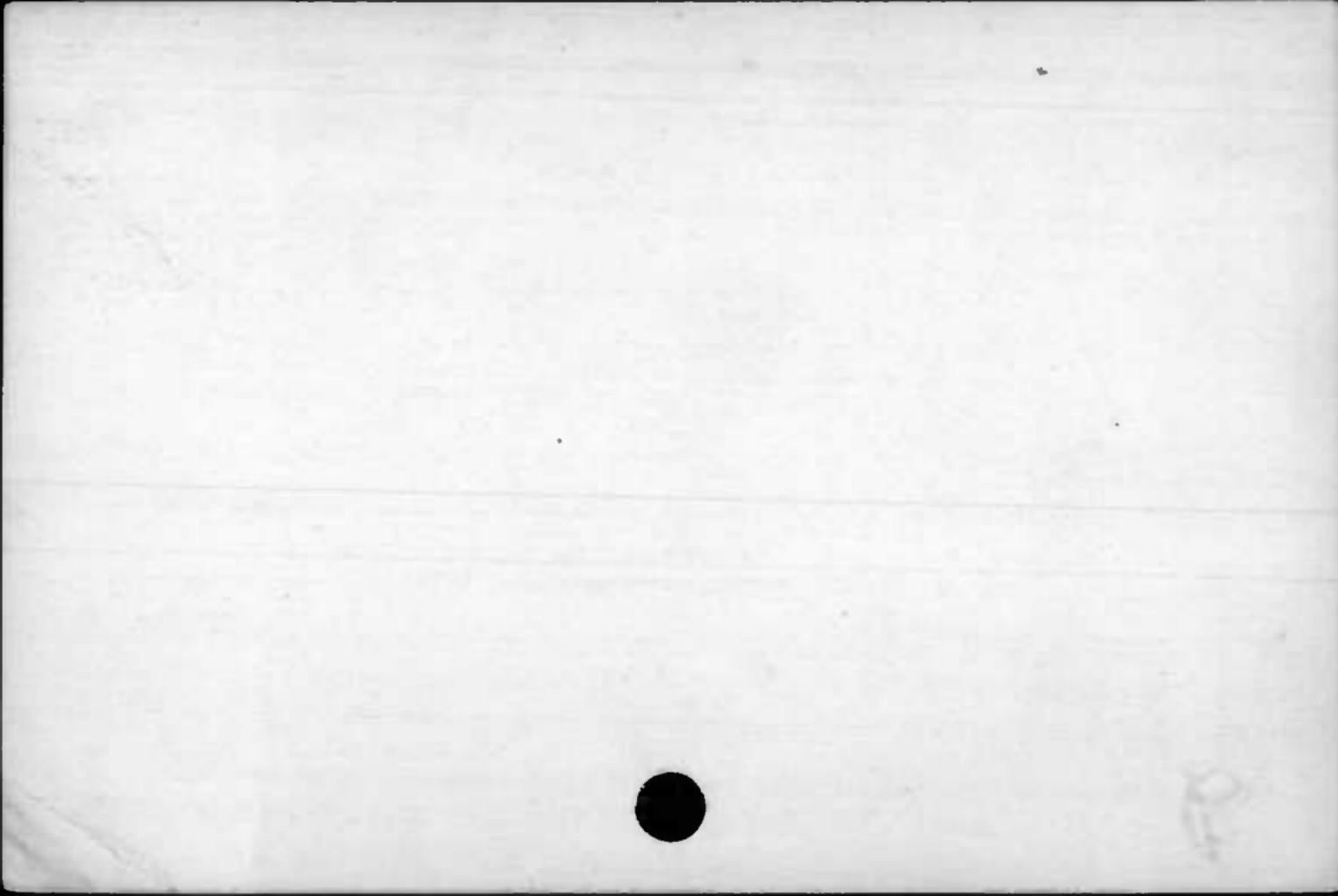
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	Apr	17	85-	85-	-	-	
Sex	Color or Race		Birth-place		Where Residing if not at place of death		
Male	White		Towson, Md		Towson, Md		
Occupation	Musical						
Married, Single or Widowed	Name of Wife or Husband		Eleanor F. Dale				
Married	Eleanor F. Dale		Eleanor F. Dale				
Father's Name	John Dale						
Mother's Maiden Name	Elizabeth B. Johnson						
Name of person giving information	Chas. F. Dale						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility	
Immediate	Familial break down	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		R. Hartman Towson, Md.



Name
in
Full

Sam'l F Farlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month April	Day 17	Years 63	Months
Sex	Male	Color or Race	White	Birth-place	Wicomico Co
Occupation	Mechanic	Where Residing if not at place of death			Powmoh City
Married, Single or Widowed	Married	Name of Wife or Husband	Rowena Mutt	Father's Birthplace	Wicomico Co
Father's Name	Benton Farlow	Mother's Maiden Name	Julia Mee	Mother's Birthplace	" " 21
Name of person giving information	Rowena Mutt	How related to deceased	Sister in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

64

How long 3 weeks

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

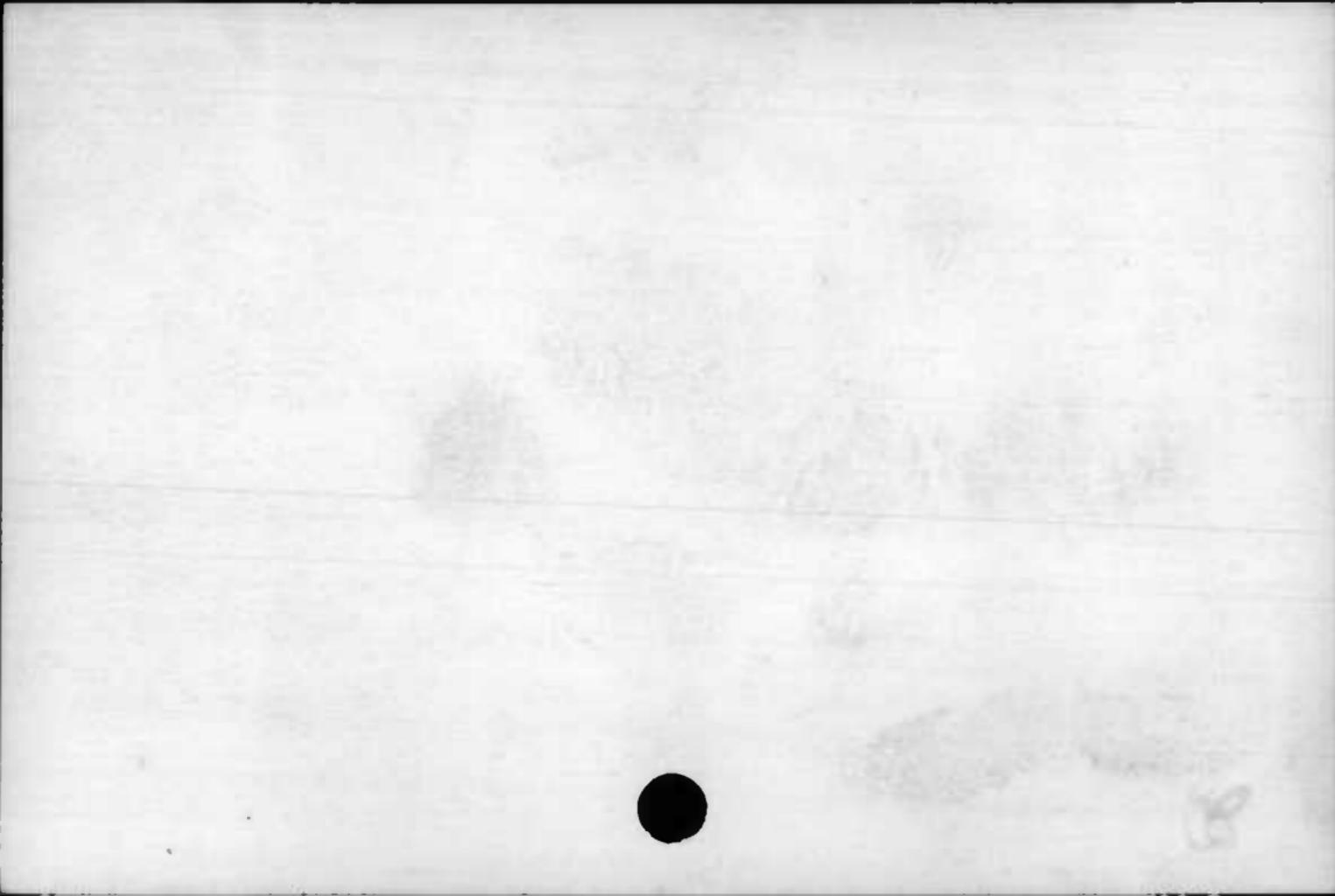
Signature of Physician

Address

Sam'l Farlow
Pawmoh City, Md

8

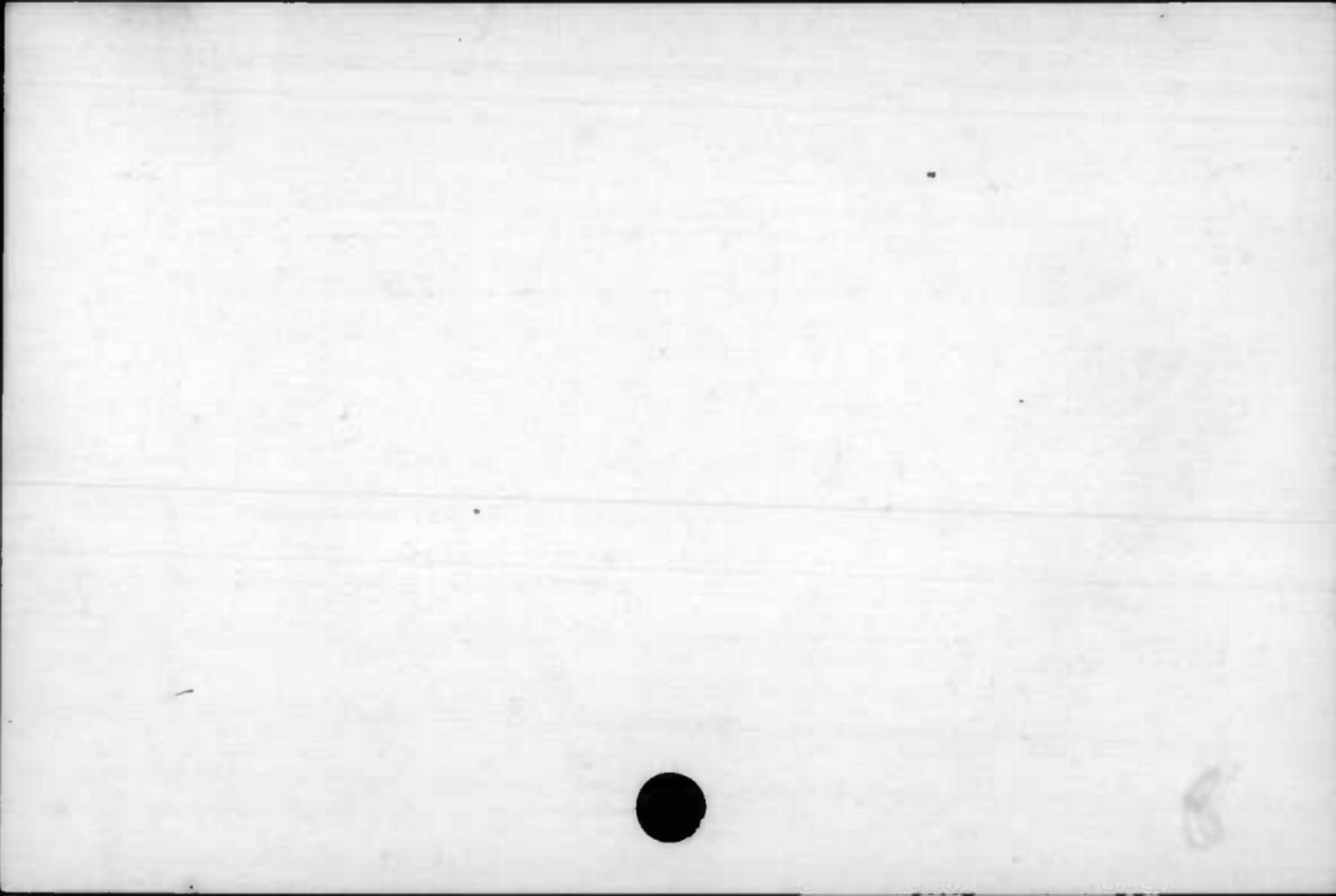
Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 30	Years	Months	Days
Sex	Male	Color or Race	Age 6 weeks			
Occupation	Infant		Where Residing if not at place of death	Rosomorutz		
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Isaac Fields		Father's Birthplace	Rosomorutz		
Mother's Maiden Name	Amanda James		Mother's Birthplace	n.s.		
Name of person giving information	Isaac Fields		How related to deceased	Father		
CAUSES OF DEATH						
Primary	Pneumonia as diagnosis 3 days					
Immediate	I did not see the child					
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	JAMES D. LUM		
			Address	Rosomorutz		
Accident or Suicide?						



Name
In
Full

Chas A. Price

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1907	Month 4	Day 12	Age 55	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Portland
Occupation	Minister		Where Residing if not at place of death		Florence Melbourne		
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	—		Father's Birthplace				
Mother's Maiden Name	—		Mother's Birthplace				
Name of person giving information	J. E. White		How related to deceased				
CAUSES OF DEATH							
Primary	Tuberculosis		27				
Immediate	Heart failure		How long				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Several years		
			Address				

PHYSICIAN
OR CORONER



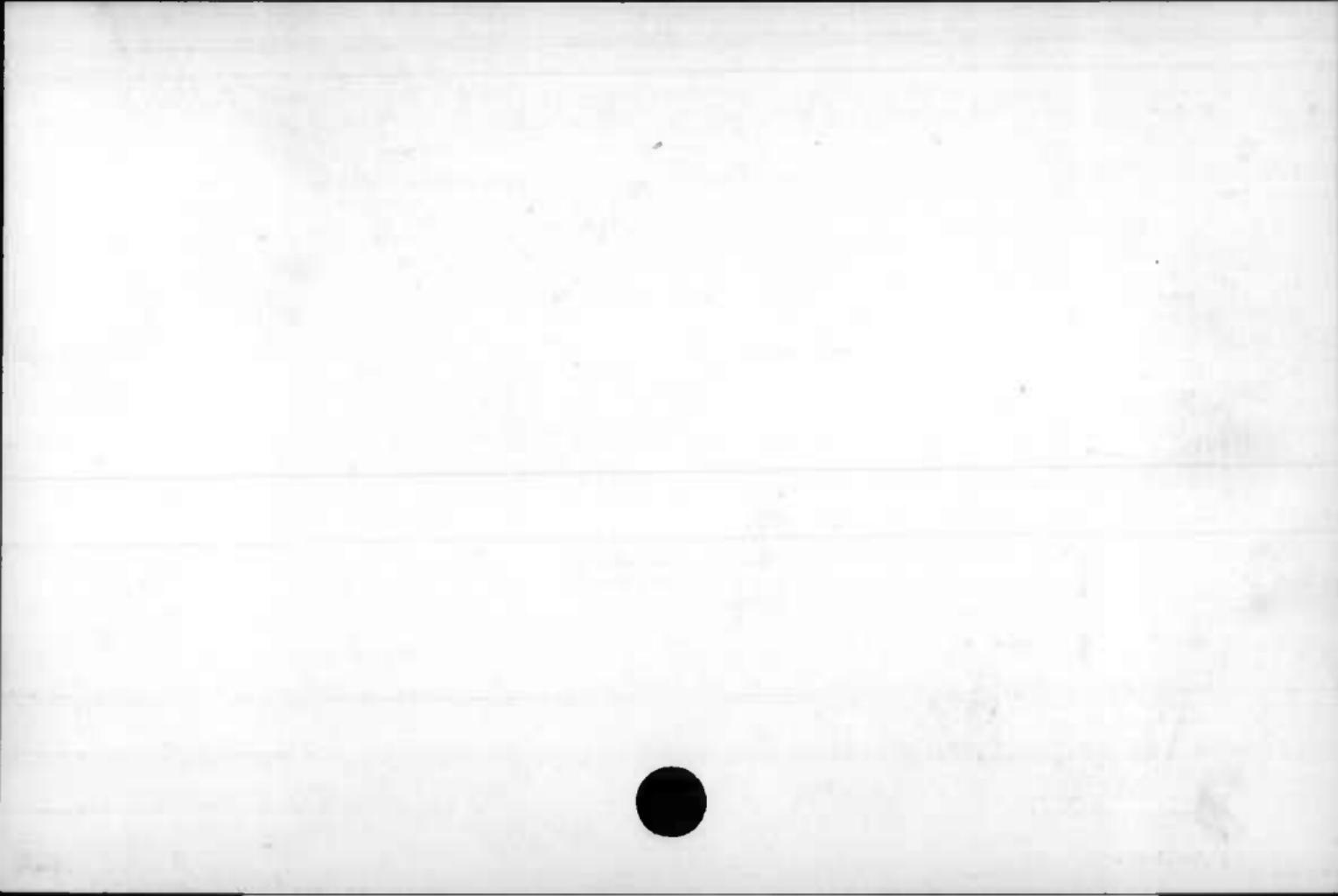
Accident or Suicide?



Signature of Physician

Address

Edwin J. Price, M.D.
Berlin, Md.



Name
in
Full

Catharine Mandy

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month April	Day 6	Years 2	Months 3	Days 9
Sex	Female		Color or Race	Collard		
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None		
Father's Name	Braad Mandy		Father's Birthplace Maryland			
Mother's Maiden Name	Mandy Lauer		Mother's Birthplace Maryland			
Name of person giving Information	Braad Mandy		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	How long
Immediate	No		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

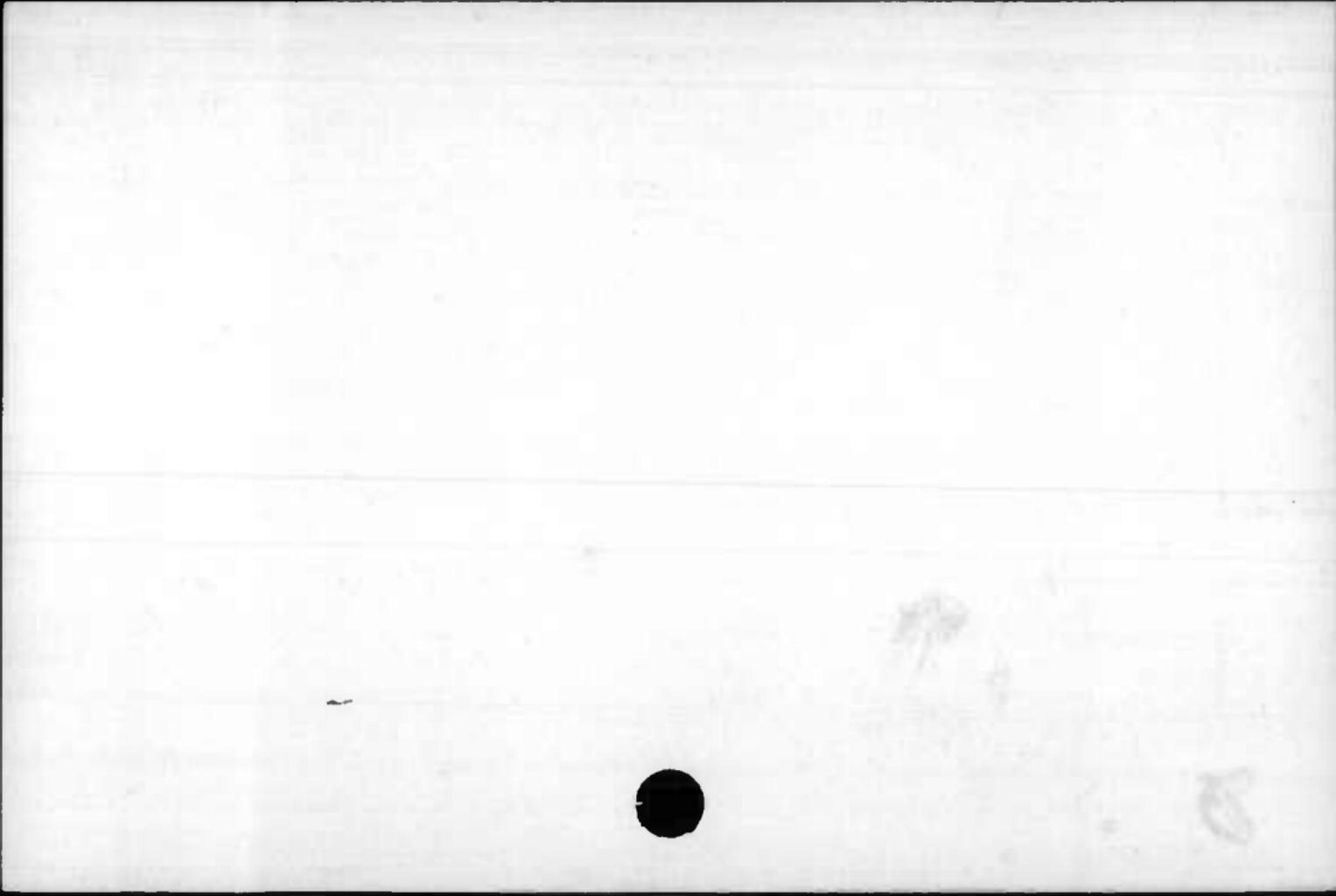
Mr Doctor

Address

Brayne

8 Yes

Accident or Suicide?



Name
In
Full

Infant-

Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town new Franklin		County Worcester	MARYLAND	
Date of death 1907	Month 4	Day 23	Age	Month	Days 21
Sex Male	Color or Race		White	Birth- place End	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		End		
Father's Name Geo Hill			Father's Birthplace End		
Mother's Maiden Name Annie Fisher			Mother's Birthplace "		
Name of person giving Information Geo. E. Wise			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

3 Weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

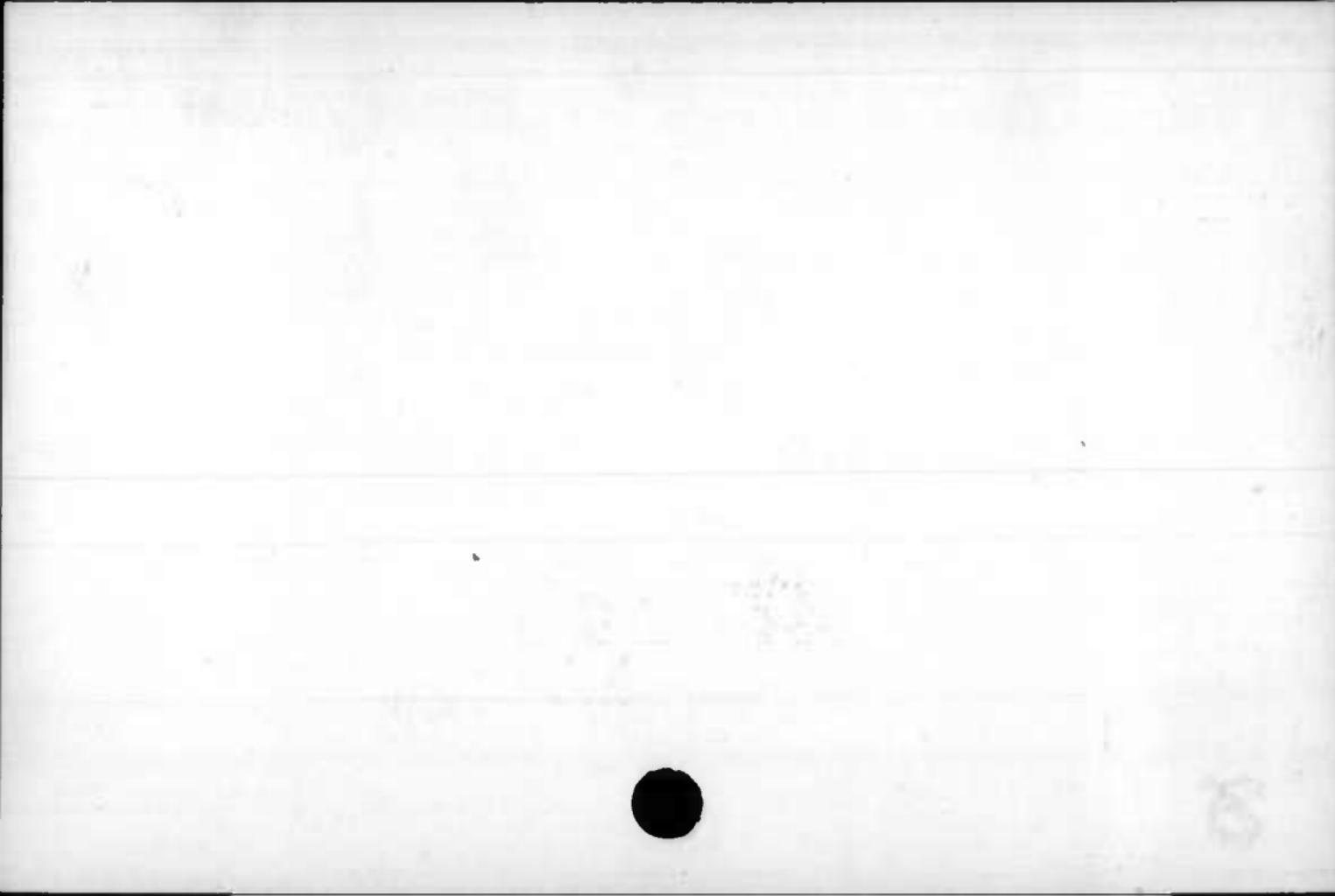
Signature of
Physician

Address

Dr. P. B. Collins
Busherville
End

8

Accident or Suicide?



Name

in
Full

John Hollard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Newberryville Del Worcester</u>				County	MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>28th</u>	Years <u>73</u>		Months	Days
Sex <u>Male</u>	Color or Race <u>Holland</u>	Birth-place <u>Maryland</u>				
Occupation <u>Miner</u>	Where Residing if not at place of death <u>At Home</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Mary Hollard</u>					
Father's Name <u>Charlie Hollard</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>					
Name of person giving information <u>John Hollard</u>	How related to deceased <u>son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Droopy



How long

Three weeks

Immediate

No

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

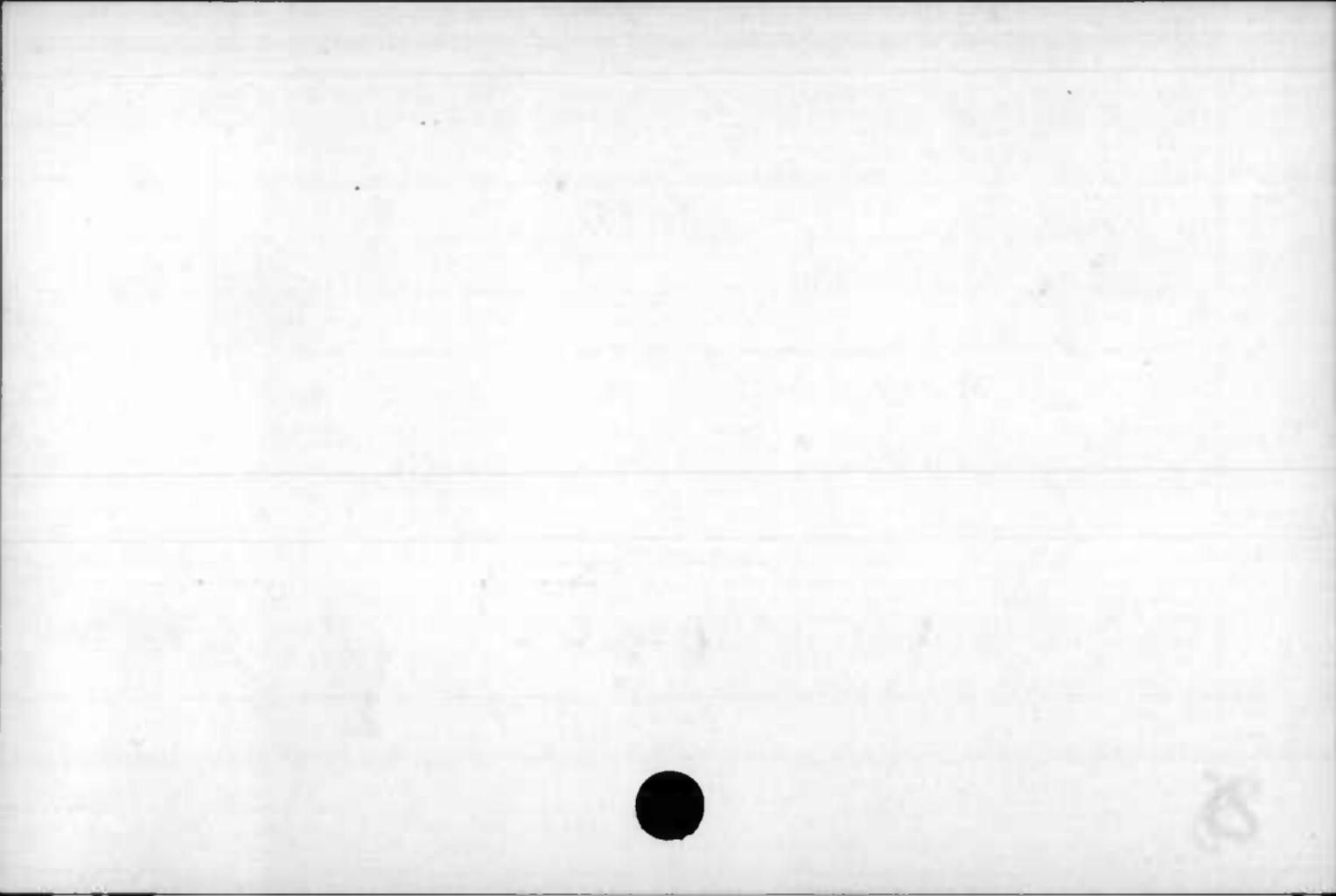
Has treated by Dr

Address

7 Campbell Newberryville Del

Accident or Suicide?

P Brayne



Name
in
Full

James Hudson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

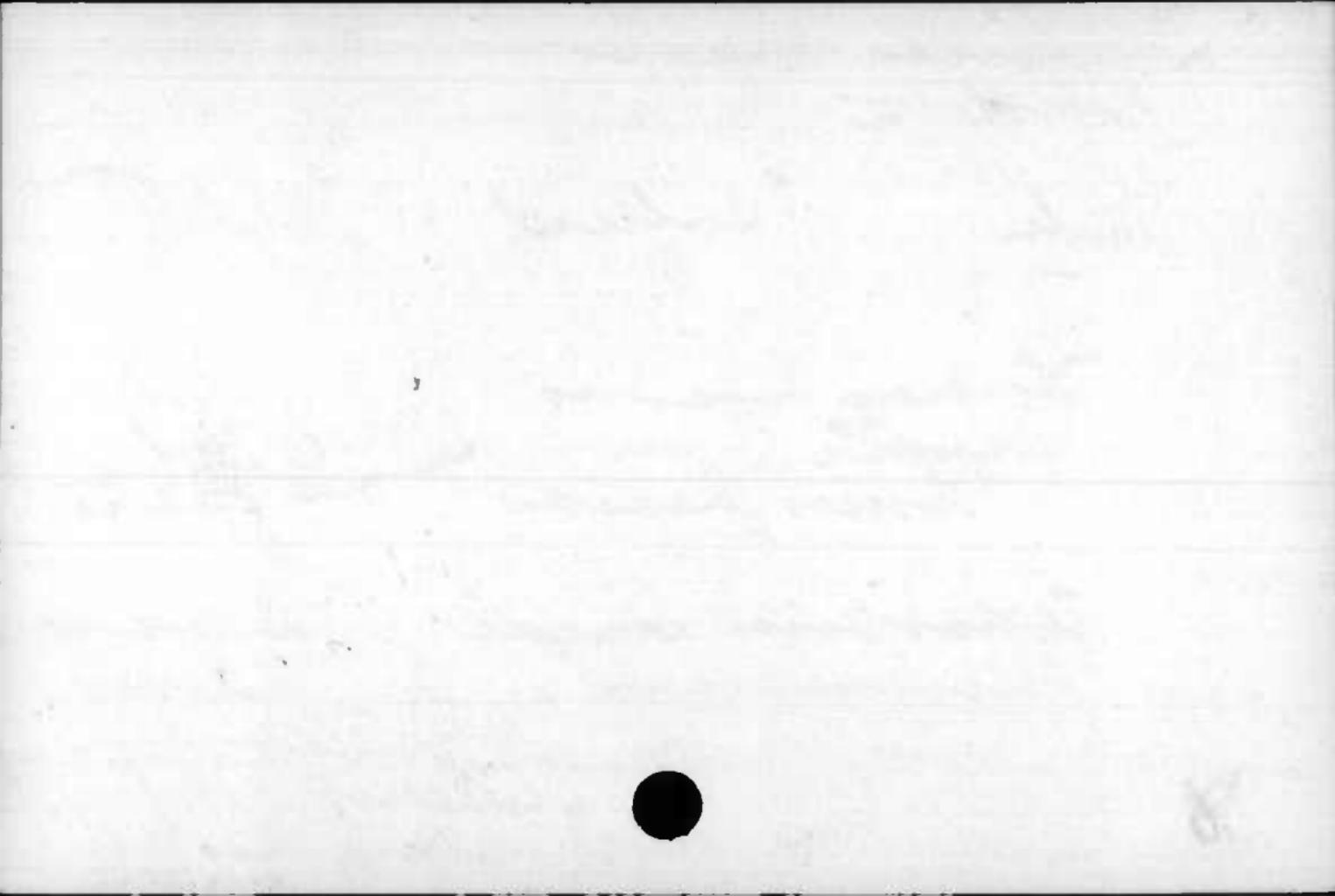
Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1907	Apr	62			
Sex	Color or Race	Birth-place	Worchester Co and Birdsboro Hill and		
Male	Colored	Worchester Co and Birdsboro Hill and			
Occupation	Where Residing if not at place of death				
Farmer	Worchester Co and Birdsboro Hill and				
Married, Single or Widowed	Name of Wife or Husband	Worchester Co and Birdsboro Hill and			
Married	Don't know				
Father's Name	Hudson	Father's Birthplace	Worchester Co and		
Handy	Worchester Co and				
Mother's Maiden Name	Lear Redden	Mother's Birthplace	Worchester Co and		
Name of person giving information	Sim Stevenson	How related to deceased	None		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	accidental drowning		
Immediate	" " " "		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		Gene Jones	Two months
			" "
Address	Snowshoe Md		
Accident or Suicide?	accident		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L'James Jacobs
Died at Strickler Town Westmoreland County
Date of death 1907 Month April Day 16 Years
Sex Male Color or Race colored Birth-place Md
Occupation - Where Residing if not at place of death -

CERTIFICATE OF DEATH

MARYLAND

Married, Single or Widowed - Name of Wife or Husband -

Father's Name

Thomas Jacobs

Father's Birthplace

Md

Mother's Maiden Name

Maryanna C. Kelly

Mother's Birthplace

Md

Name of person giving information

Thomas Jacobs

How related to deceased

Father

CAUSES OF DEATH

⑧

Primary

Whooping Cough

How long

2 years

Immediate

Croup

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

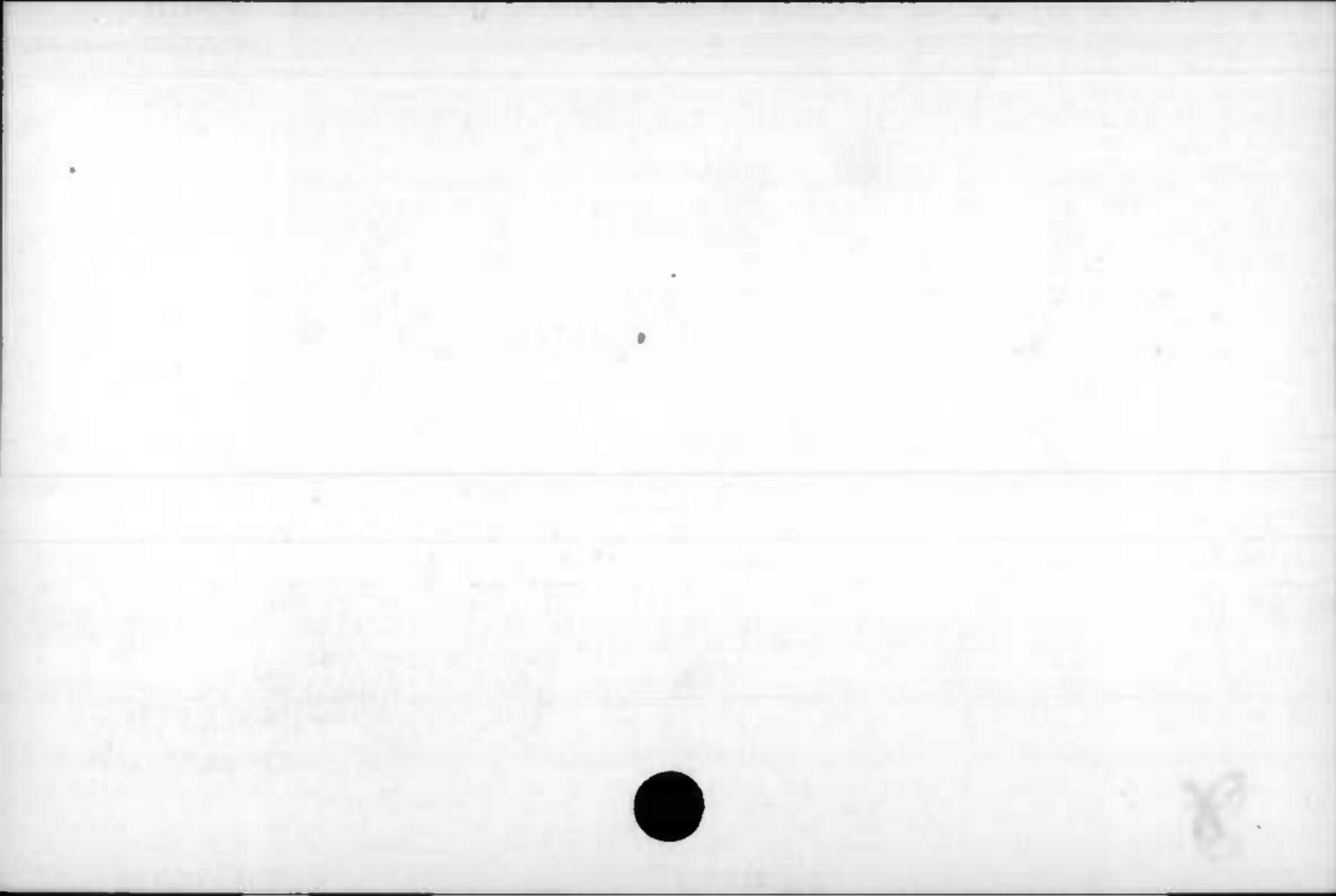
Signature of Physician

Address

Dr. D. J. Klemm
Strickler Md
Westmoreland

8

Accident or Suicide?



Name
in
Full

Mrs Maggie Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	4	7	72		
Sex	Female	Color or Race	white		
Occupation	Sailor				
Married, Single or Widowed	Where Residing if not at place of death				
Widowed	Baltimore				
Father's Name	Father's Birthplace				
Edith Brittingham	Ed				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
J. E. Wise					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Catarrh of Stomach

How long several years

Immediate 3 or 4 months

How long several months

Are the name, age, sex, color, date and place correctly given above?

Yes

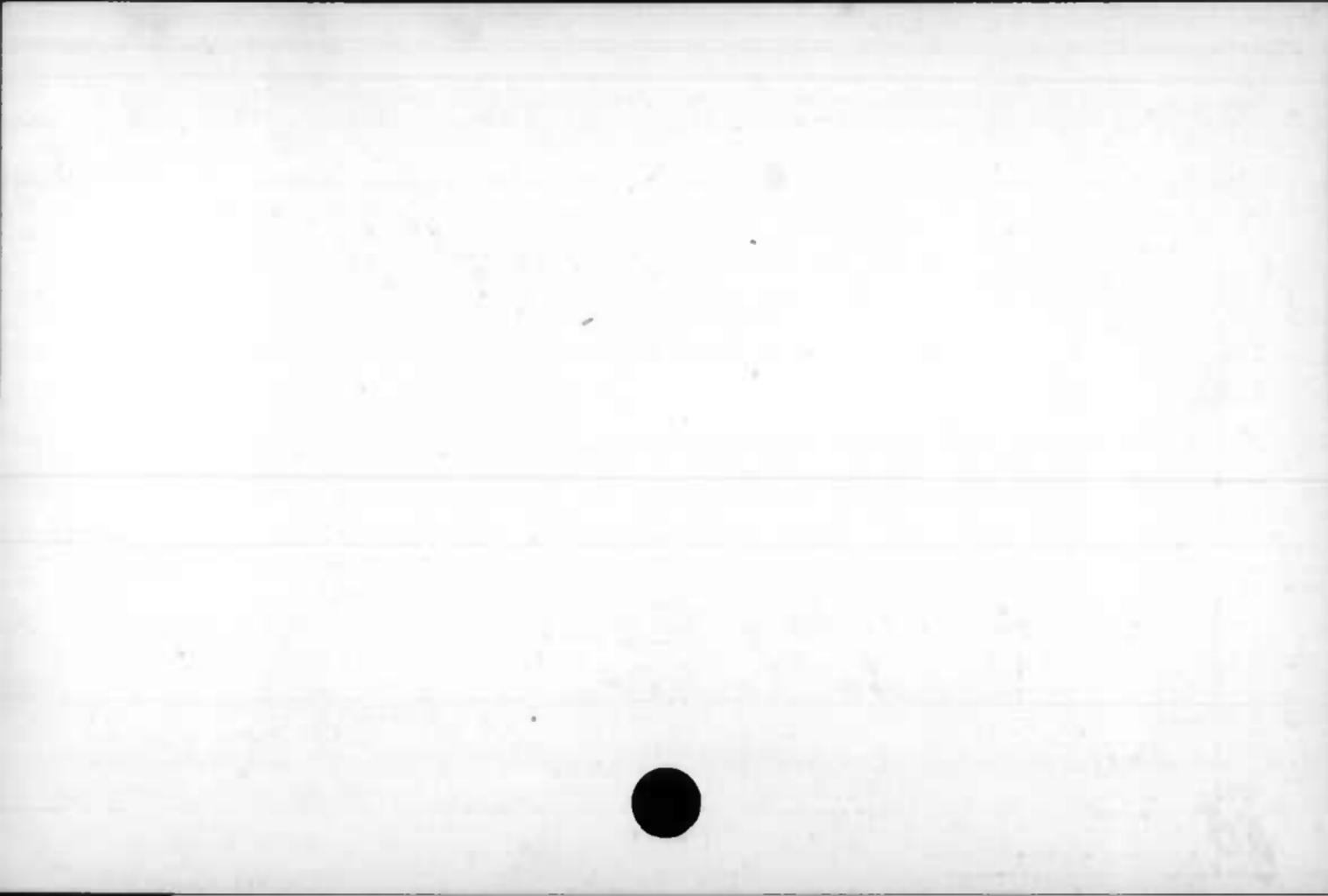
Signature of Physician

Address

Edwin J. Dirickson
Berlin Md

8

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Catherine D. Jones

CERTIFICATE OF DEATH

Died at <u>Snow Hill</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>11/15</u>	Years <u>80</u>	Months <u>2</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Wor. Co. Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Dr Chas. P. Jones</u>				
Father's Name <u>Johnson Gray</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u></u>	Mother's Birthplace				
Name of person giving information <u>Pauline Jones</u>	Related to deceased <u>Son</u>				

CAUSES OF DEATH

164

How long

8 weeks

How long

3 or 4 hours

Primary

Fracture of neck of femur

Immediate

Acute indigestion

Signature of Physician

Pauline Jones

Are the name, age, sex, color, date and place correctly given above?

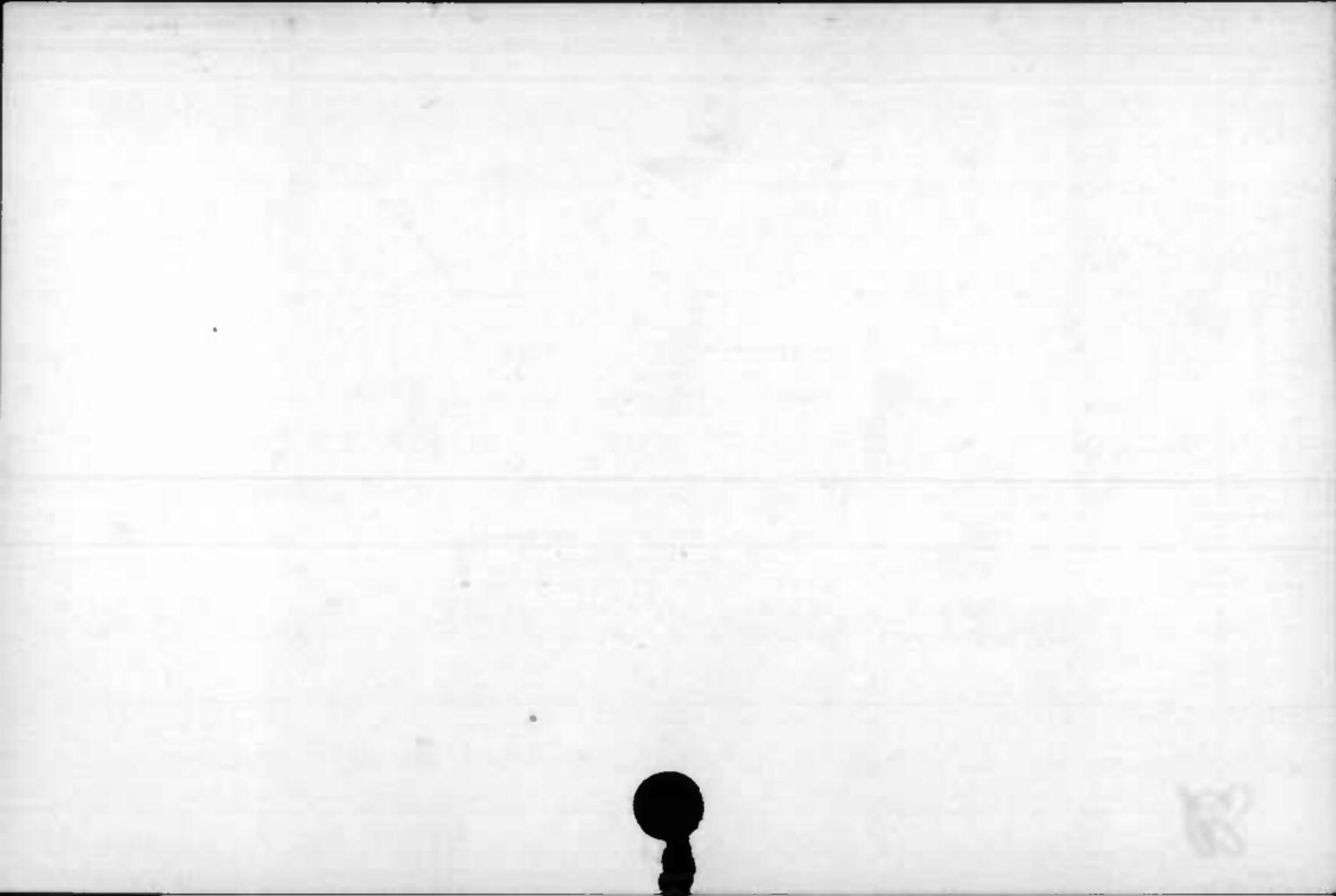
yes

Address

Snow Hill Md

8

Accident or Suicide? accident -



Name
in
Full

Saffie M. Jorris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month April	Day 28	Years 54	Months -	Days -
Sex	Female	Color or Race	white	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Thomas Jorris			
Father's Name	Davis Buffin		Father's Birthplace Maryland			
Mother's Maiden Name	Mariah Buffin		Mother's Birthplace Maryland			
Name of person giving information	Thomas M. Jorris		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fatty deposit around heart

79

How long

Several years

Immediate

Heart Failure

How long

10 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

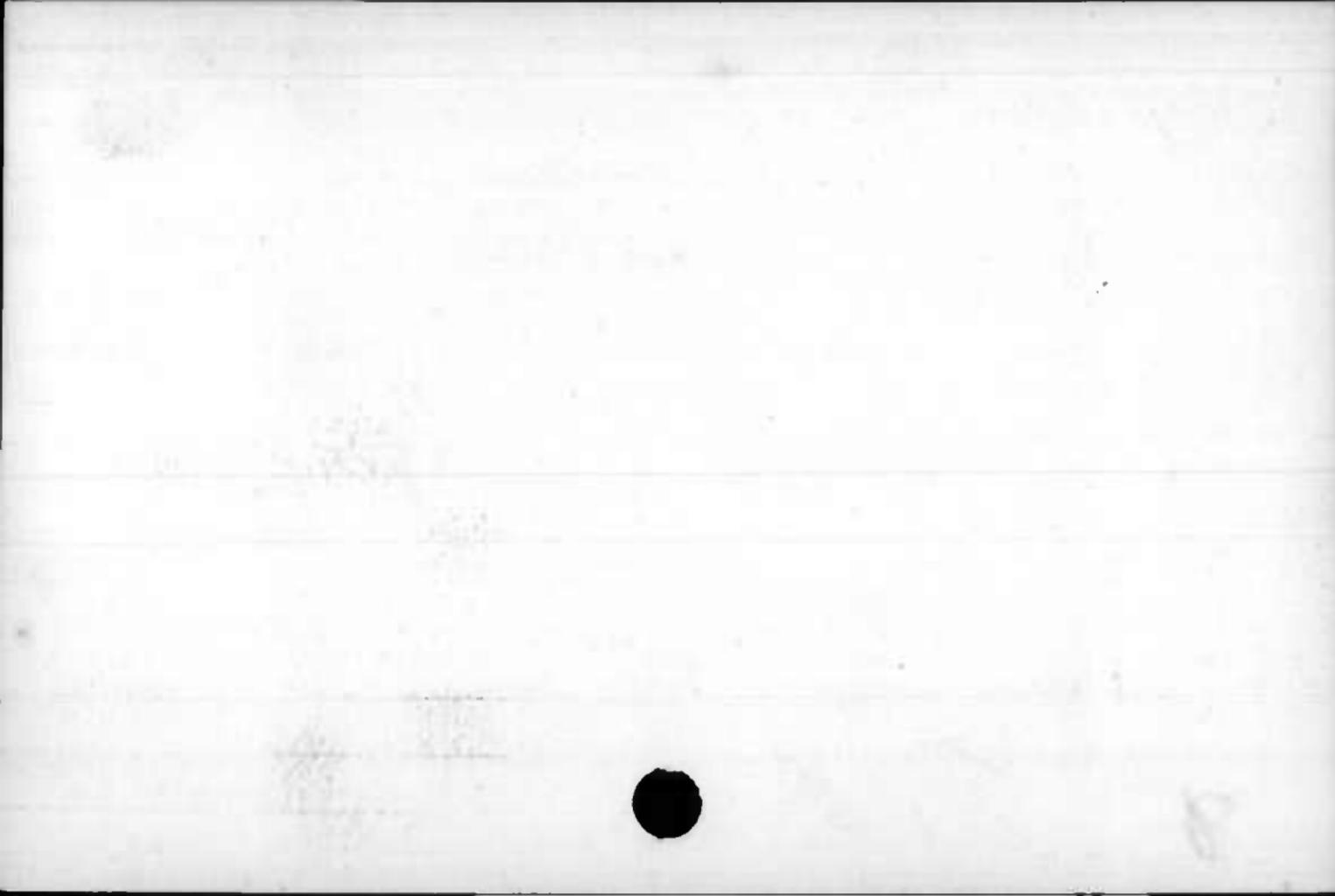
Address

W. Dickinson

Berlin Md.

8

Accident or Suicide?



Name
in
Full

Bapt. Chas. Dr. Kinsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

April

19

56

16

11

Sex

Male

Color or
Race

Lebile

Birth-
place

Occupation

Machinist

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Gottlieb Kinsey

Father's
Name

Ezchiel B. Kinsey

Father's
Birthplace

Mother's
Maiden Name

Mary Kinsey

Mother's
Birthplace

Name of person giving
Information

Gottlieb Kinsey

How related
to deceased

Wife

CAUSES OF DEATH

29

How long

Primary

Tuberculosis Enteritis.

-

Immediate

Exsanguination

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

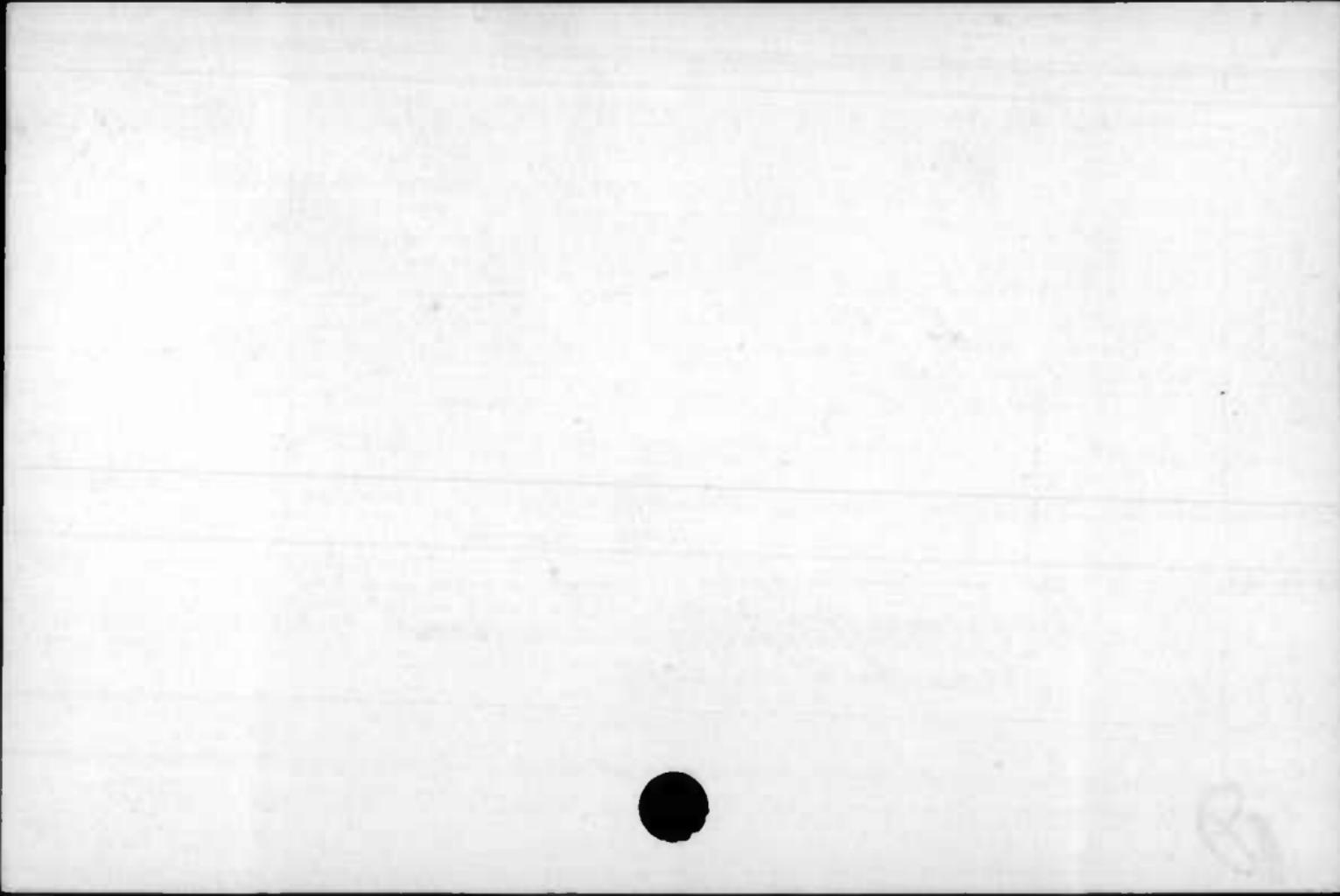
W.D. Strangman

Address

Snow Hill - Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Hester Lamberton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 26	Years 76	Months	Days
Sex	female	Color or Race	white		Birthplace	Md.
Occupation	House		Where Residing if not at place of death			
or Widowed	Husband		Henry Lamberton			
Father's Name	Wm Townsend		Father's Birthplace			Md.
Mother's Maiden Name	Mary Townsend		Mother's Birthplace			Unknown
Name of person giving information	Mrs Amy. Hathaway		How related to deceased			daughter

CAUSES OF DEATH

93

How long

5-days

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

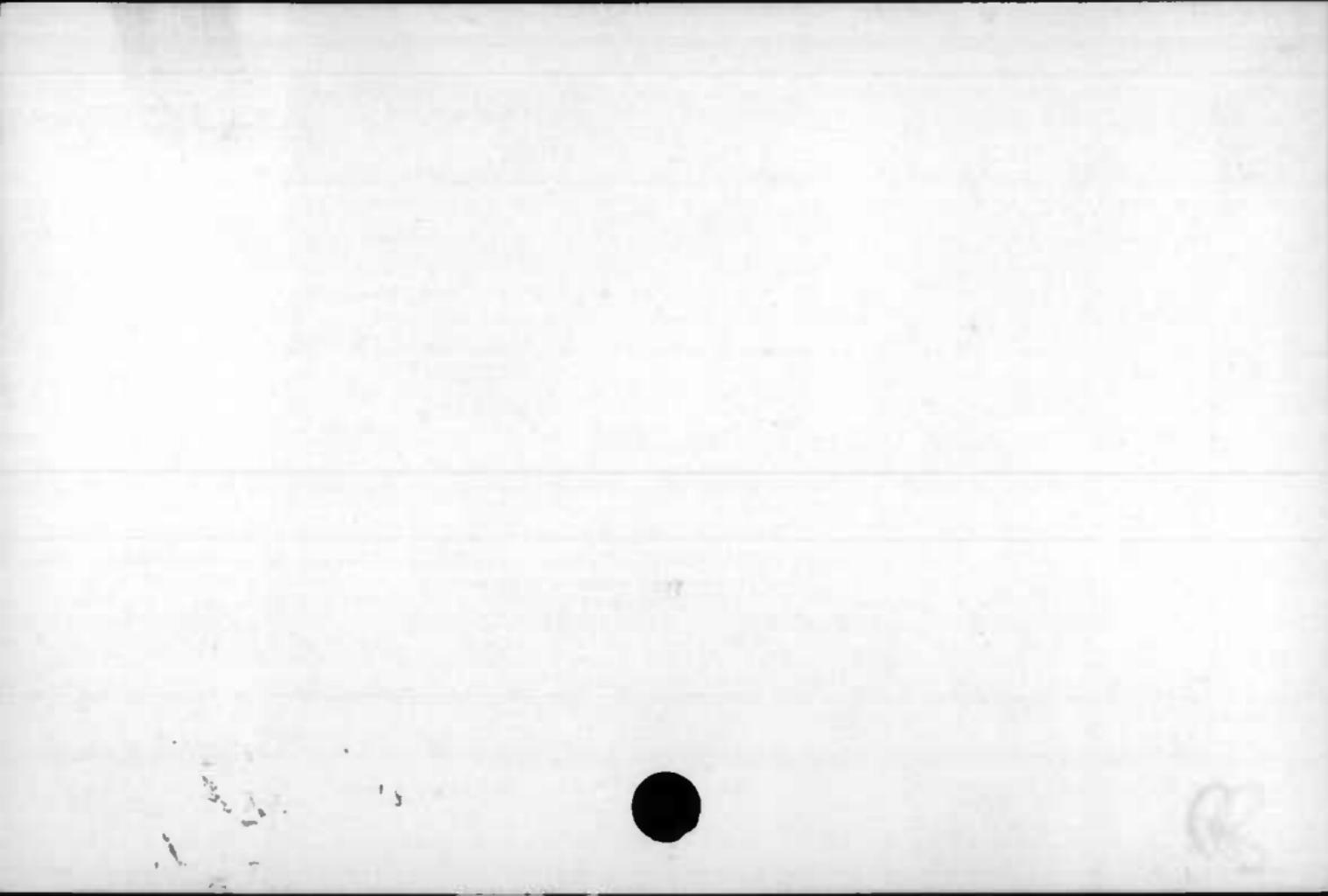
John S. Rydelott

Snow Hill

Md.

Dr. A

Accident or Suicide?



Name
in
Full

William Munnell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month April	Day 3	Years 73	Months 11	Days
Sex	Male	Color or Race	Bulored		Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	married		Sallie Munnell			
Father's Name	Abe Munnell				Father's Birthplace	Md
Mother's Maiden Name	Harriet grim				Mother's Birthplace	
Name of person giving Information	George Munnell				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old. age	(154)	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

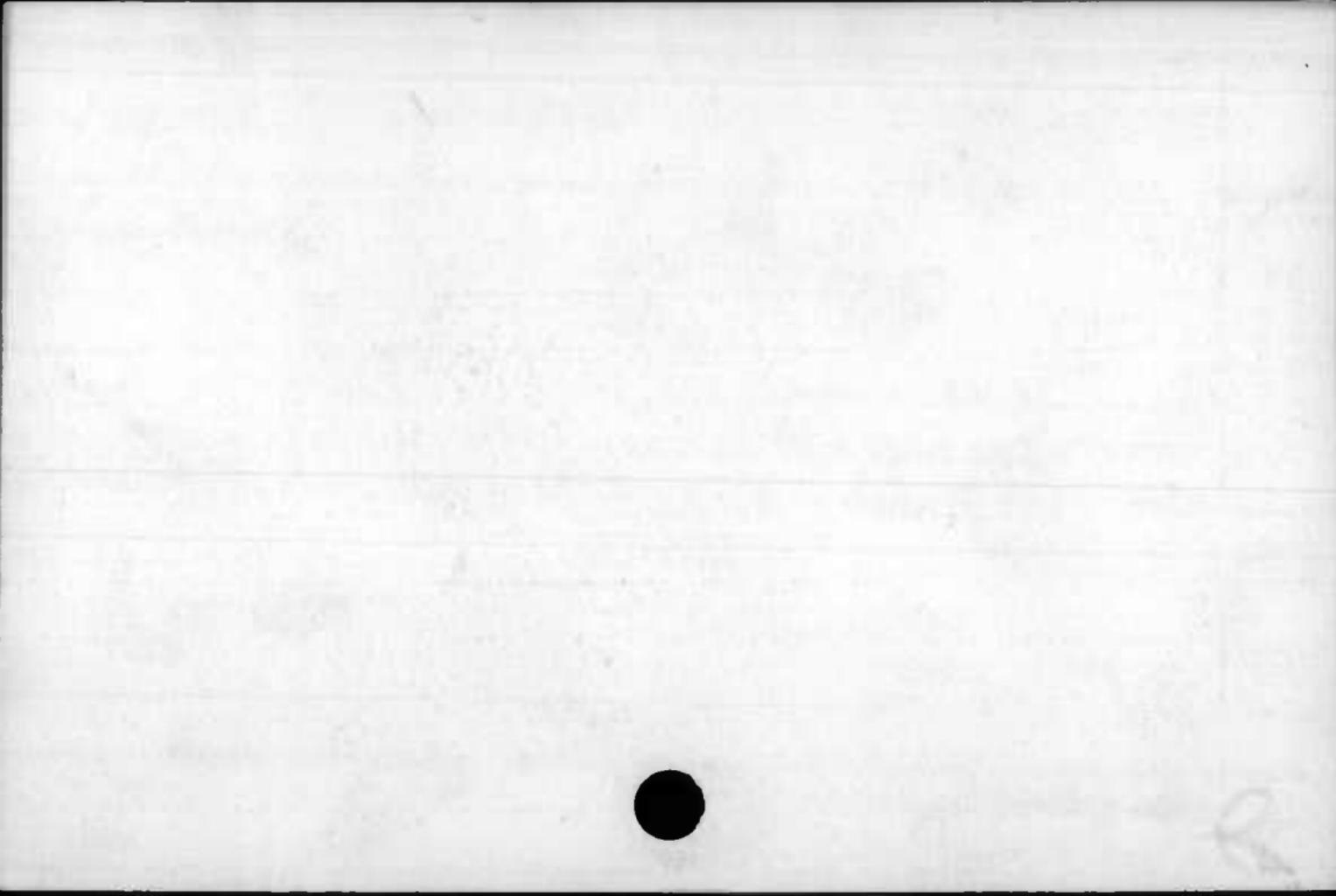
Signature of Physician

Address

We think so

Keaneck & Snack
Stockton and
undertakers

Accident or Suicide?



Name
in
Full

Saul Massey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Friendship</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>13</u>	Age <u>70</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Unknown</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Unknown</u>					
Father's Name <u>John Brown</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Rachell Massey</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>James Rayne</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

179

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

no Dr in attendance

Address

O.K.

Dr. A. Massey

Accident or Suicide?

8

13 to 18 -

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Julia A. Mills

CERTIFICATE OF DEATH

Died at <u>Stockton</u>		Town	County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>6</u>	Age <u>70</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Md</u>				
Occupation <u>House work</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>		Father's Birthplace <u>Md</u>			
Father's Name <u>Robert L. Mills</u>			Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Anna Dennis</u>			How related to deceased <u>nefessor</u>			
Name of person giving Information <u>Amelia Dugdale</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

120

How long

12 Months

Immediate

Uræmia

How long

4 Days

Are the name, age, sex, color, date and place correctly given above?

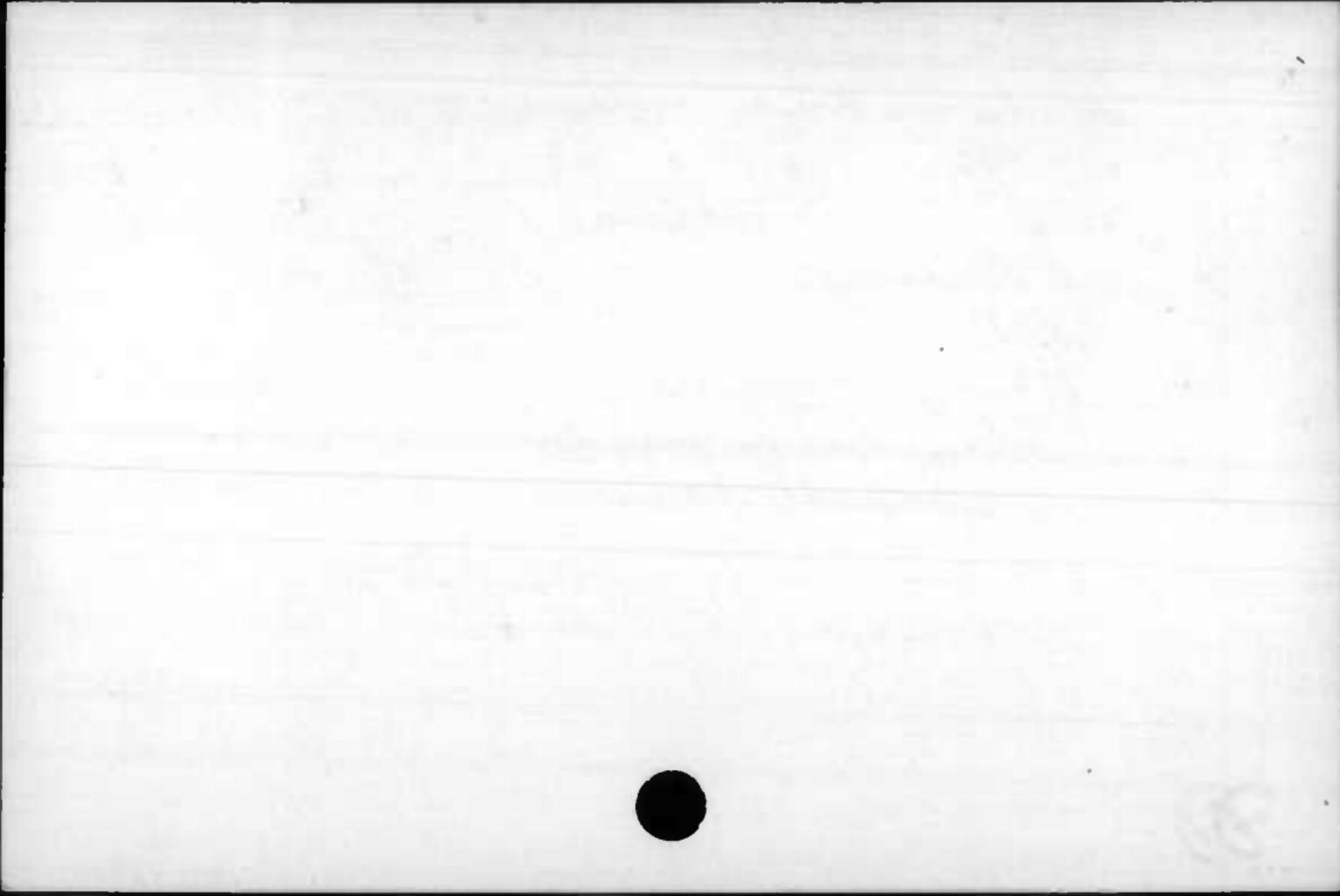
Signature of Physician

Address

J. D. Dugdale
Stockton Md
Worcester Co



Accident or Suicide?



Name
in
Full

Orphus. R. Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Apr.	Day 20 th	Years 23	Months 7	Days 2
Sex	Male	Color or Race	colored			
Occupation	Oystering		Where Residing if not at place of death Md			
Married, Single or Widowed	No	Name of Wife or Husband				
Father's Name	Harry Miles		Father's Birthplace Md			
Mother's Maiden Name	Elizabeth Miles		Mother's Birthplace Md			
Name of person giving information	John W Miles		How related to deceased Brother			

CAUSES OF DEATH

172

How long

few moments

How long

"

PHYSICIAN
OR CORONER

Primary

Accidental drowning

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

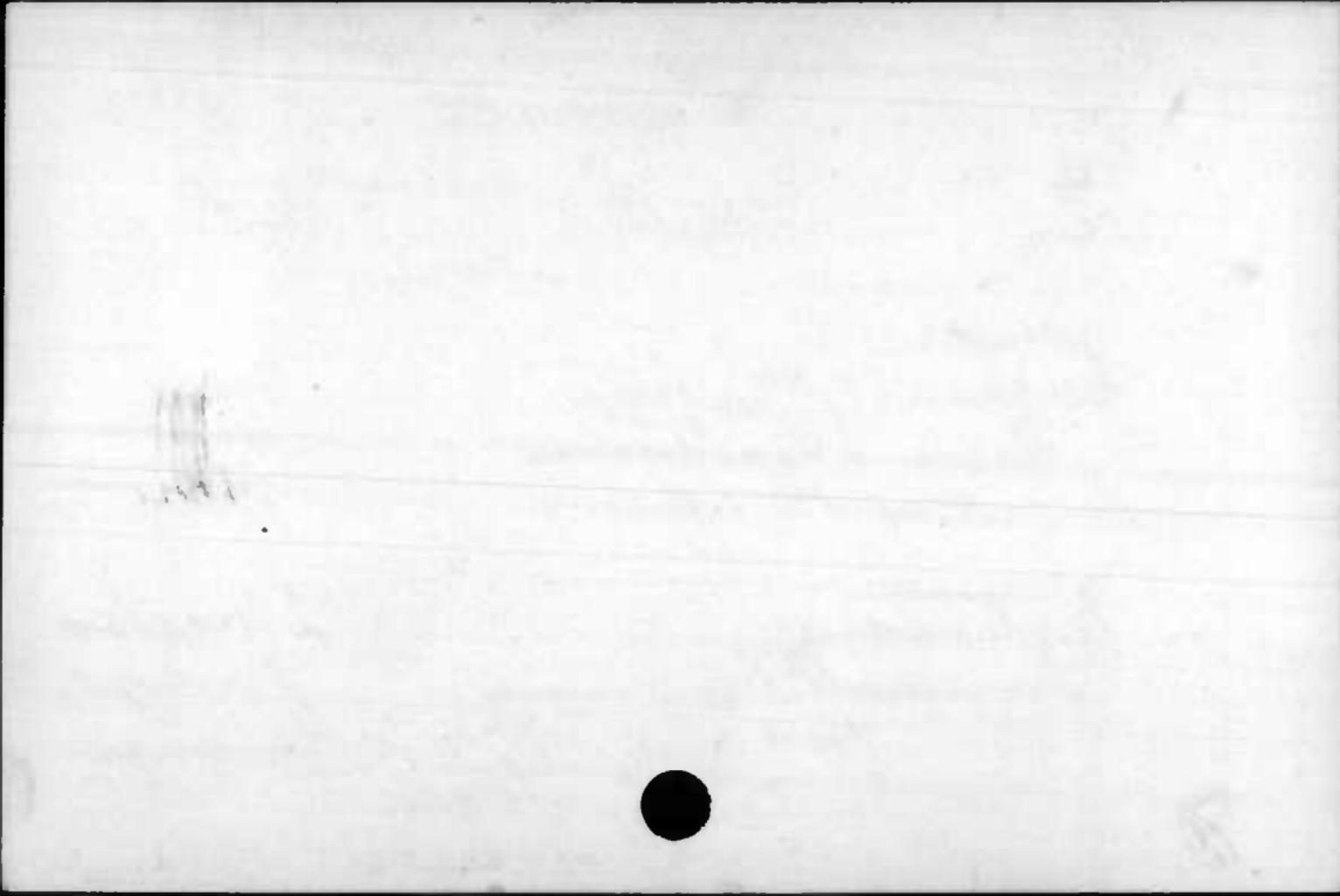
Signature of Physician

Address

Paul Jones
Snow Hill Md

Accident or Suicide?

accident



Name
in
Full

Offia B. Phillips

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name	George W. Phillips		Mother's Birthplace			
Mother's Maiden Name	Amy S. Galtman		How related to deceased			
Name of person giving information	Chas. Phillips		Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis

⑧

How long

2 Weeks

Immediate

Pneumonia

How long

1 days

Are the name, age, sex, color, date and place correctly given above?

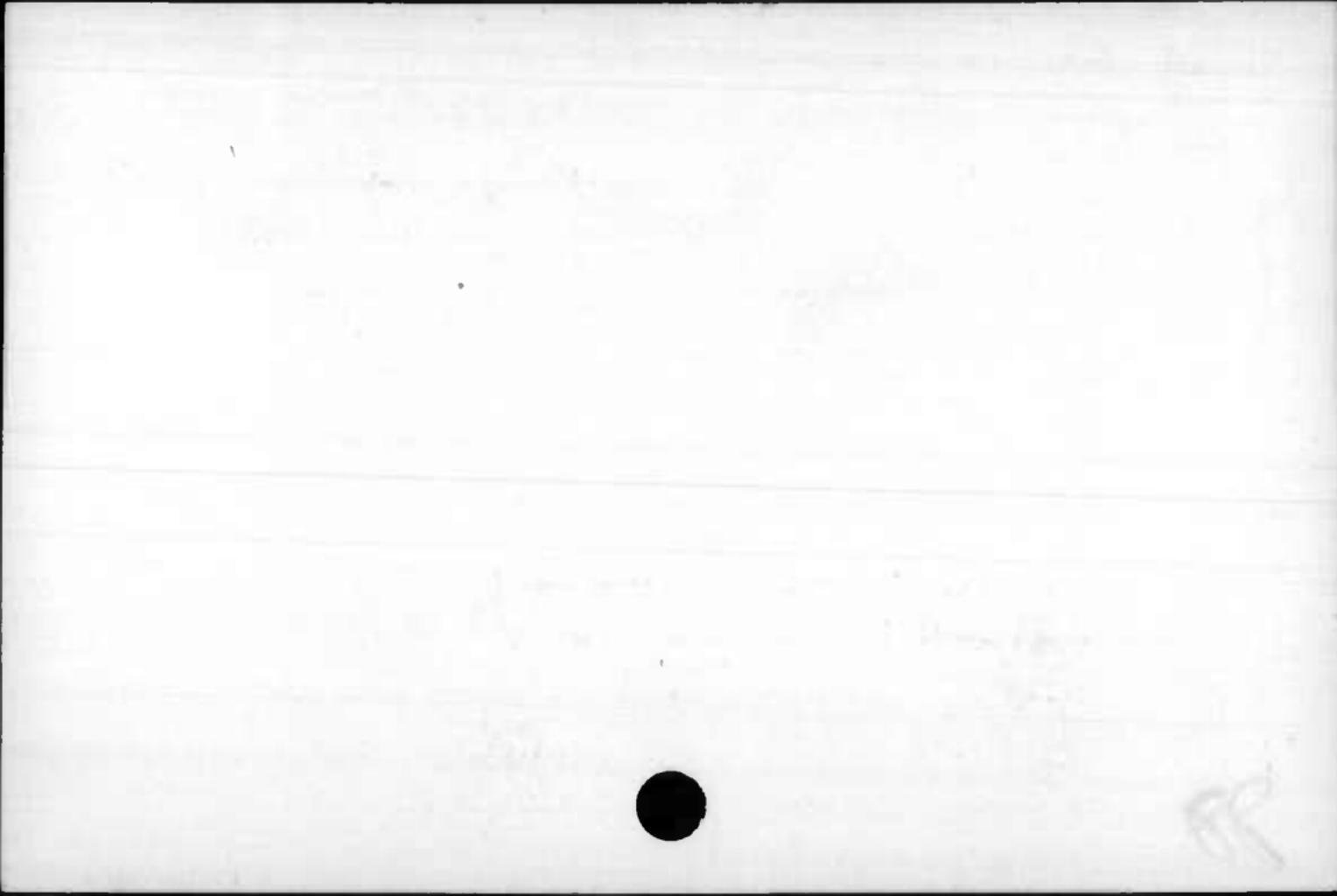
Yes

Signature of Physician

Address

J. D. Dickerson
Stockton Md
Worcester Co.

8
Accident or Suicide?



Name
in
Full

Mrs Sarah Pruitt

CERTIFICATE OF DEATH

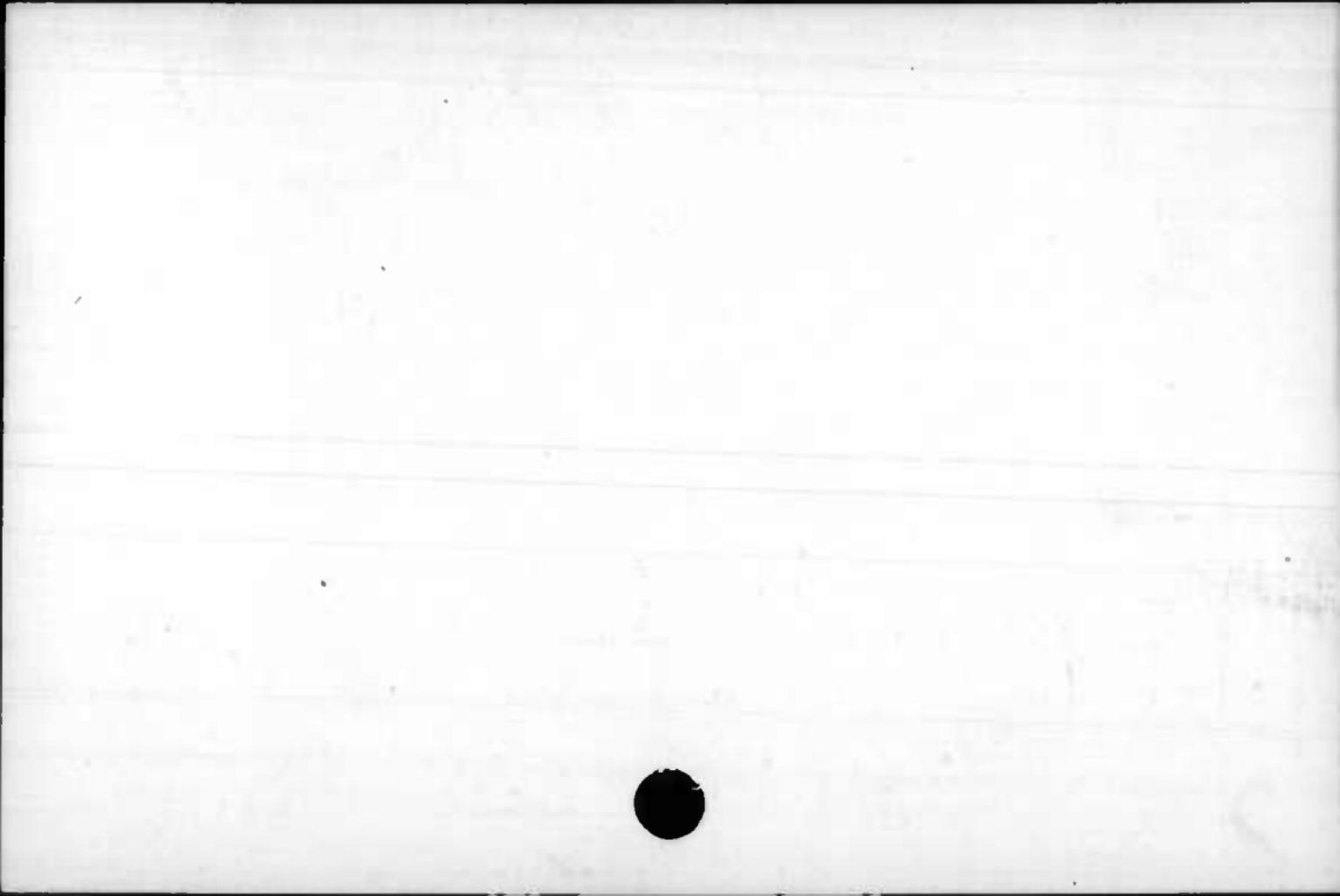
To BE ANSWERED BY
NEAREST FRIEND

Died at		Mar Berlin	County	MARYLAND	
Date of death	1907	Month 4	Day 8	Years 63	Months
Sex	Female	Color or Race	White	Birth-place	East
Occupation	House Keeper				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jos Pruitt				
Mother's Maiden Name	Parsons				
Name of person giving Information	J. E. Wise				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		27	How long	several years
Immediate	+			How long	+
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	Edwin Dirickson
				Address	Bethel Md
Accident or Suicide?			+	+	+



Name
in
Full

Geo. H. Purcell

CERTIFICATE OF DEATH

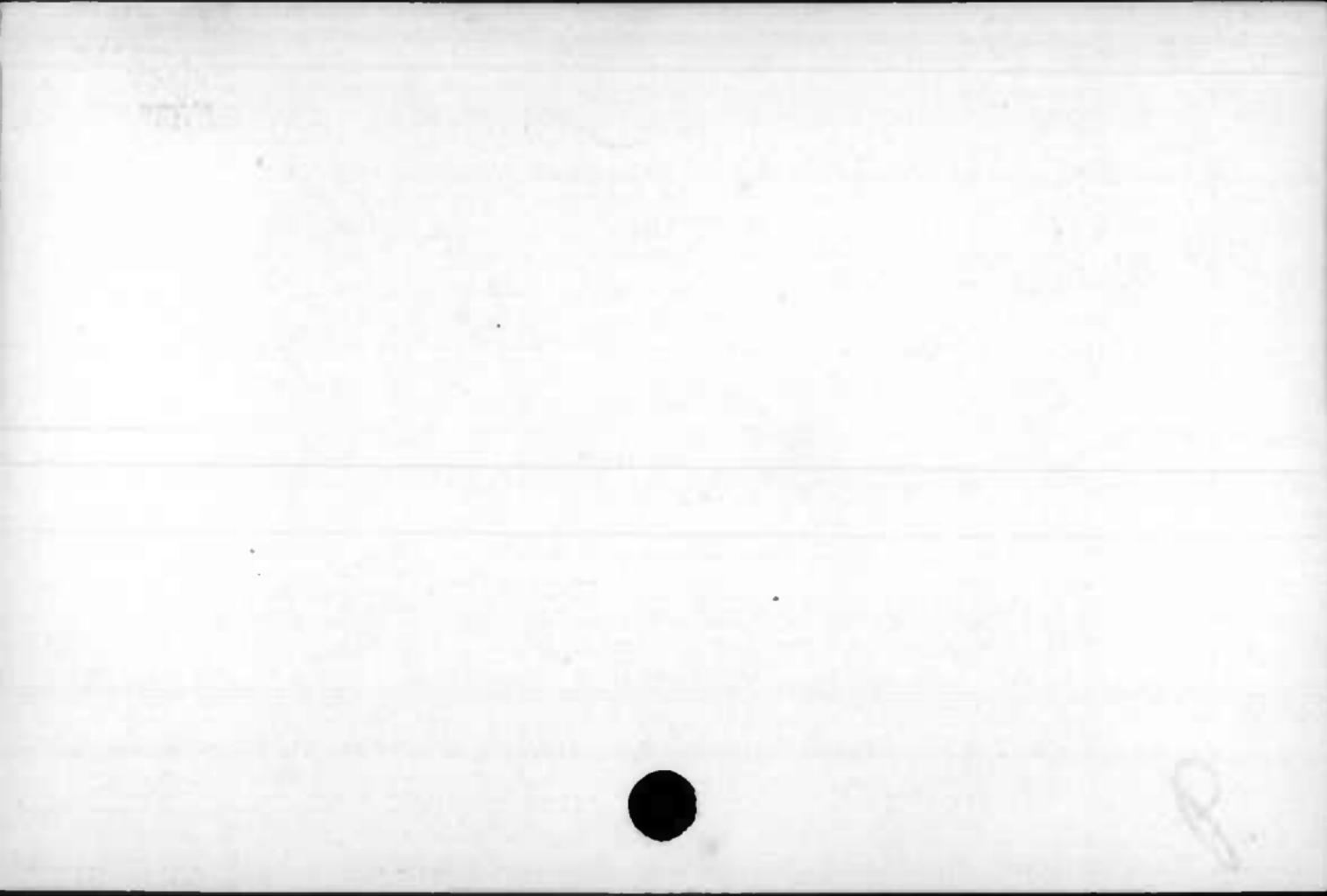
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	near Snow Hill	Worcester				
Date of death	Month	Day	Years	Months	Days	
1907	April	25	3	-	-	
Sex	Male	Color or Race	Bk	Birth-place	Md	
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Norris Purcell					
Mother's Maiden Name	Mary J. Purcell					
Name of person giving information	Norris Purcell					
	Father's Birthplace	Md				
	Mother's Birthplace	Md				
	How related to deceased	Father				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Bronchitis	(92)	How long	1 week
Immediate	Pneumonia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Paul Jones
			Address	Snow Hill Md.
Accident or Suicide? —				



Name
in
Full

Miss. Annie S. Snack

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Snow Hill</u>			County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>26</u>	Years <u>22</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed	Name of Wife Husband	<u>Neal Snack</u>				
Father's Name <u>John Snack</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary Tuberculosis Laryngitis How long Don't know

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

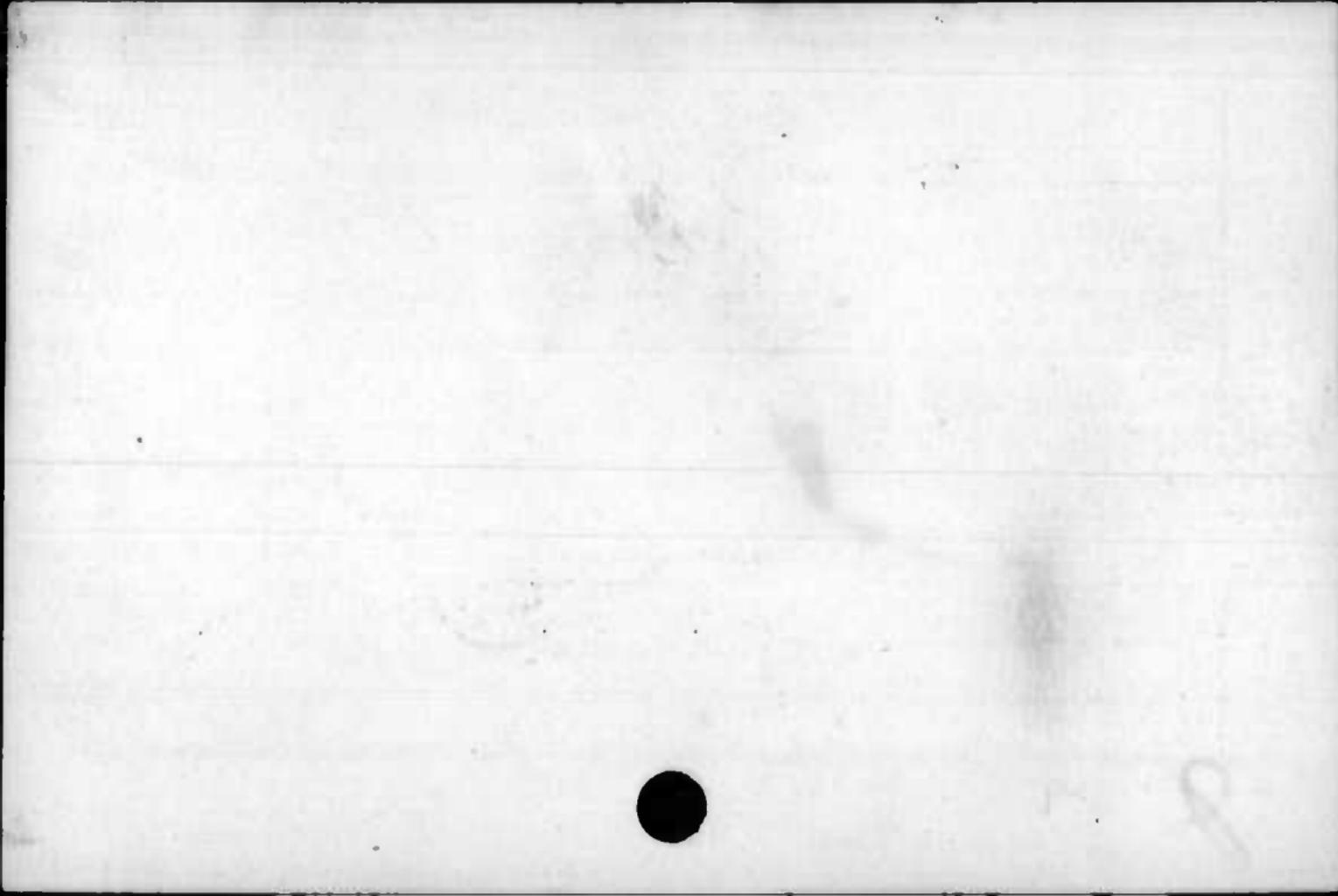
Yes

Signature of Physician

W. D. Strangher
Snow Hill. Md.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W. H. Wommed. Stokes

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month April	Day 15	Years 66	Months	Days	
Sex	male	Color or Race colored	Where Residing if not at place of death		Birth-place Providence		
Occupation							
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Charles Stokes				Father's Birthplace	Montgomery	
Mother's Maiden Name	Hattie Seem				Mother's Birthplace	Worrell	
Name of person giving information	F. E. Stokes				How related to deceased		

CAUSES OF DEATH

Primary

Chronic heart disease

(S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

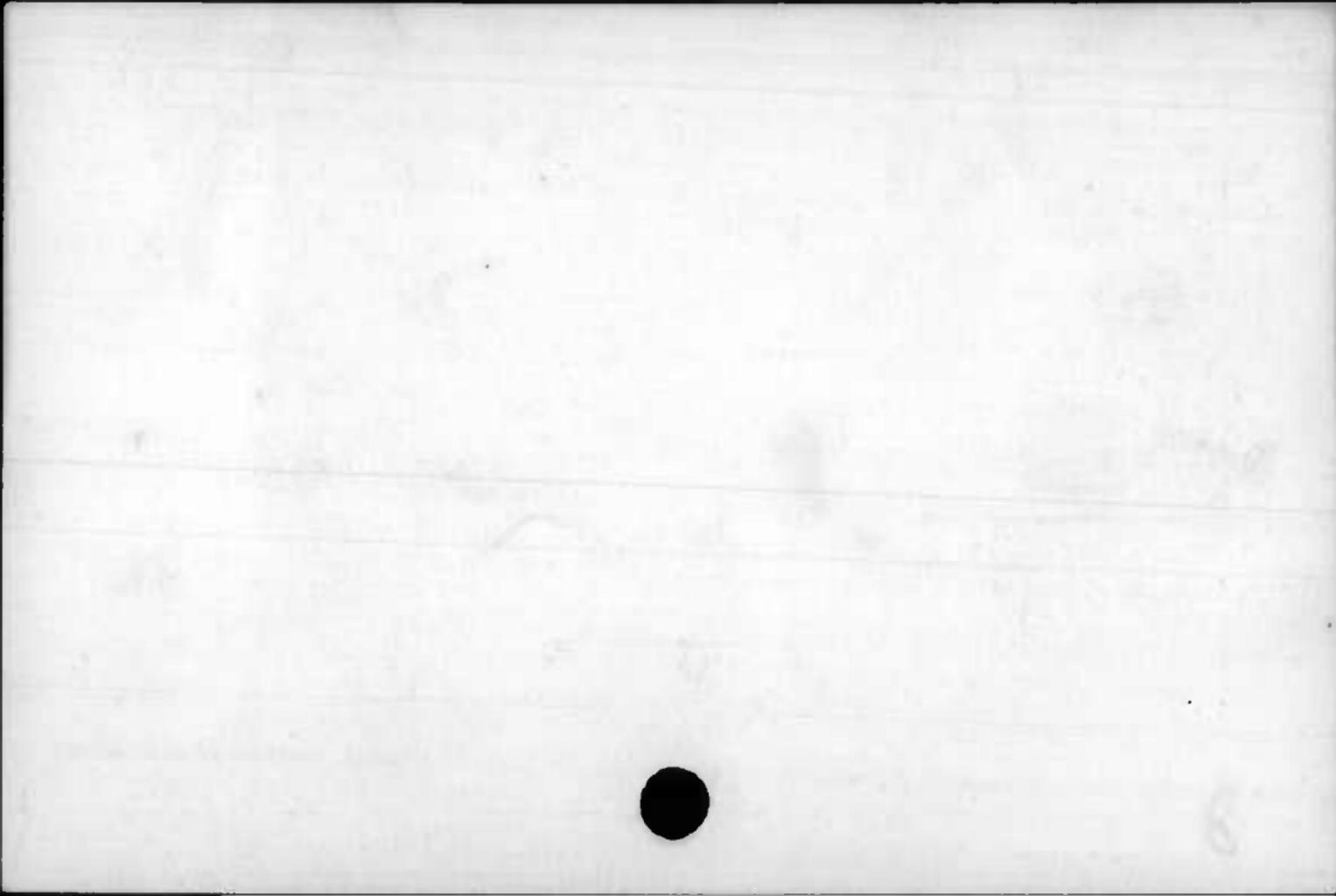
Yes

Signature of Physician

Address

F. W. C. Seem
Providence, R. I.

Accident or Suicide?



Name
in
Full

John H Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1907	Month April	Day 19	Years 36	Months	Days	
Sex male	Color or Race white	Birth-place Md.				
Occupation Carpenter	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Annie H Taylor				
Father's Name	John H Taylor				Father's Birthplace Md.	
Mother's Maiden Name	Marguerite L. Brown				Mother's Birthplace Md.	
Name of person giving information						How related to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Immunonia

How long

9 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

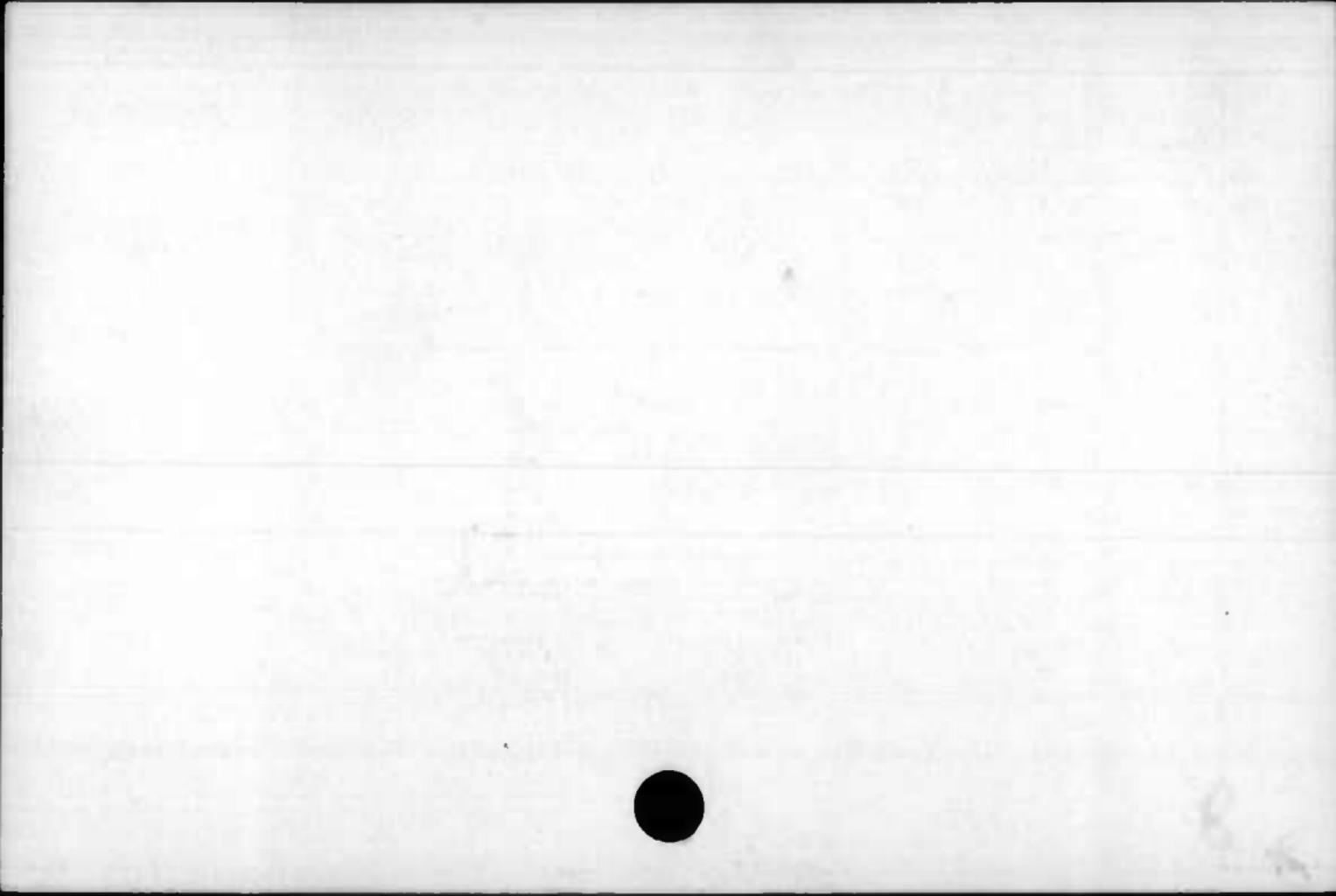
John S. Gillette

Address

Snow Hill

Md.

Accident or Suicide?



Name
in
Full

Charlie E Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

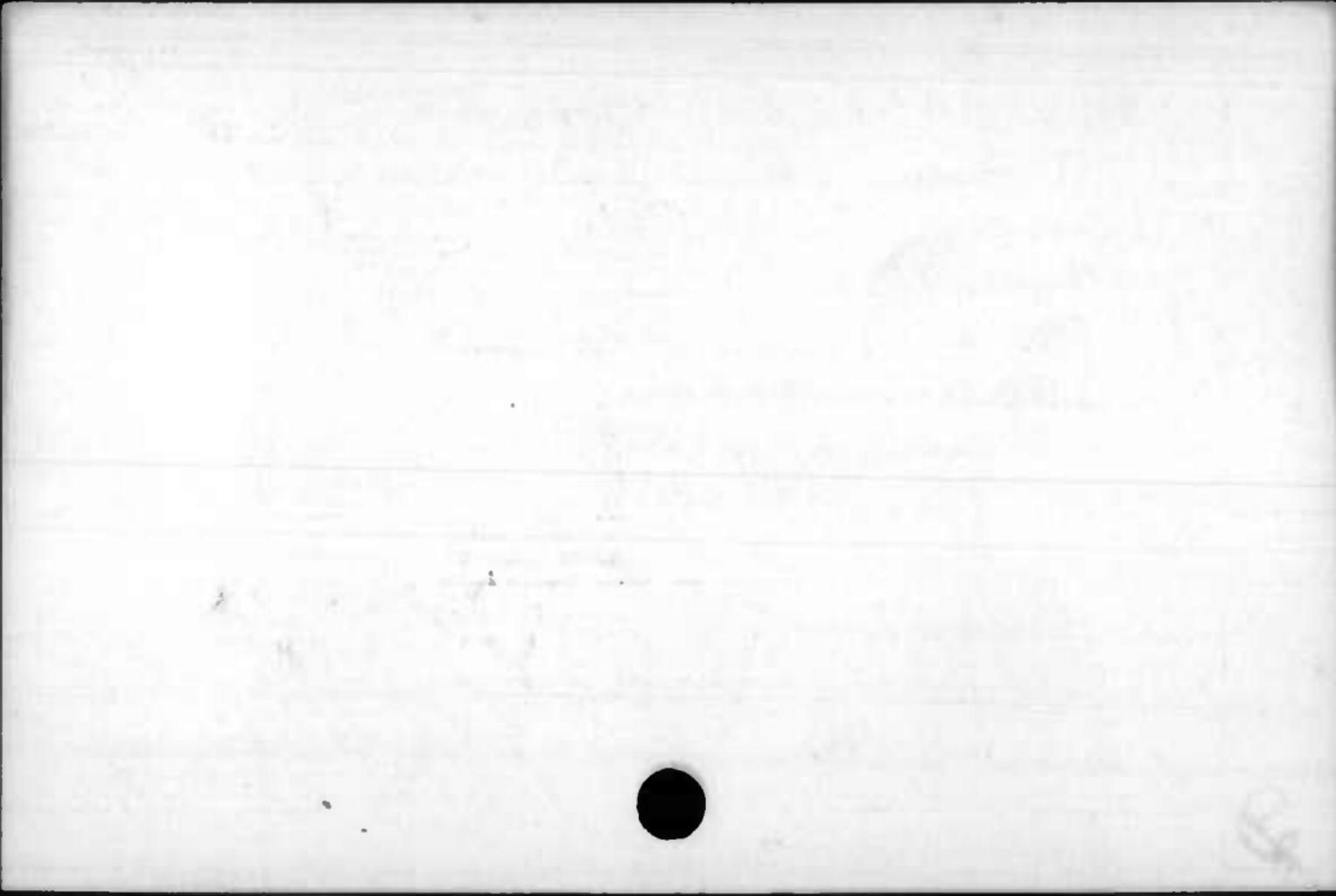
Died at		Town	County		MARYLAND	
Died at		Campbell Bldg #2	Worcester			
Date of death	Month	Day	Years	Months	Days	
1907	April	16	31			
Sex	Male	Color or Race	White	Birthplace	Maryland	
Occupation	Hairdresser	Where Residing if not at place of death			At Home	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Maryland	
Father's Name	James B Williams	Mother's Maiden Name	Constance Powell	Mother's Birthplace	Maryland	
Name of person giving Information	James B Williams	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General pectoral	21	How long
Immediate	No		Two Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Was treated by Dr Martin
Yes		Address	Bellville Del
Accident or Suicide?		T. Bayone	

8



Name
in
Full

Mary E. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Berlin			Worcester			
Date of death	1907	Month Apr.	Day 24	Years 39	Months	Days
Sex	Female	Color or Race	White		Birth-place	Near Berlin
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Simey Williams		Father's Birthplace	Maryland
Father's Name	Stephen Hodson				Mother's Birthplace	Maryland
Mother's Maiden Name	Rebecca son. Wm.				How related to deceased	Hubban
Name of person giving information	Simey Williams					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pregnancy	
Immediate	Puerperal Convulsions	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

138

How long
7 months

How long
5 hours

Mary Pitts.
Berlin, Md.

